



Originator		Phone Number	
Department		Date Created	

## PERSONNEL ACTION FORM GRADUATE ASSISTANT HOURLY

### Action Information –

Effective Date of Action	Begin date (mm/dd/yyyy)		End date (mm/dd/yyyy)	
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### Employee Information

<b>Name (Last, First, Middle)</b>				
MUID#		Last Four Digits of Social Sec. No.		Date of Birth
Home Department Name			Home Department Org Code	
Job Location			Other	

### Job Assignment

Position Number		Job Title			
Hourly Rate		Hours per Week		Supervisor Position #	
Supervisor Name				Supervisor MUID#	

### Funding Source (FOAPAL)

Fund		Org #		Percent		Salary	
Fund		Org #		Percent		Salary	
Fund		Org #		Percent		Salary	

### Remarks

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### Approval Signatures and Dates

	Printed Name	Signature	
Chair/Manager			Date
Dean/Dir			Date
MURC			Date
Graduate College			Date
VP			Date
HR Services			Date
Budget			Date
Payroll			Date

### Human Resource Services and Payroll Use Only

EEO Code		E-Class Code	
EPICS #		Form I-9	[ ] Yes [ ] No