



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

Name (Last, First, Middle)

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