



Originator		Phone Number	
Department		Date Created	

PERSONNEL ACTION FORM GRADUATE ASSISTANT SALARY

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	
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Home Department Name		Home Department Org Code	
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Job Location		Other	
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Job Assignment

Position Number		Job Title	
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Semester Salary		Hours per Week		Supervisor Position #	
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Supervisor Name		Supervisor MUID#	
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Funding Source (FOAPAL)

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

Remarks GA –Teacher (must list SUBJ, COURSE, SECTION, CRN)

Approval Signatures and Dates

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

Human Resource Services and Payroll Use Only

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