



Marshall University Research Corporation
Personnel Action Request - SALARY / STIPEND / LUMP-SUM

Note: This form must be executed and approved for every salary employee PRIOR to employee's first day of work. Please forward completed form to MURC. Questions may be directed to MURC Payroll (304)696-2830. It is the employee's responsibility to contact the MURC Payroll department to arrange an appointment to discuss MURC's policies and complete necessary paperwork before the employee can be paid.

U.S. CIS requires that I-9 must be completed within 3 days of start of employment

Office Use Only
 Position Number _____
 Position Class _____

Action Other Change New hire for existing, vacant position number R _____
 Employment type Hours per week

Employee Information			Job Information	
Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Position Title <input type="text"/>	
MU ID# <input type="text"/>	SSN <input type="text"/>	Birth Date <input type="text"/>	Effective From <input type="text"/>	To* <input type="text"/>
Gender <input type="text"/>			*End Date Indicator <input type="text"/>	
Race <input type="text"/>			New Wage <input type="text"/>	Per <input type="text"/>
Address: <input type="text"/>			Old Wage <input type="text"/>	Per <input type="text"/>
Home Phone <input type="text"/>	Work Phone <input type="text"/>			
Email <input type="text"/>				
<input type="checkbox"/> MU Undergraduate Student <input type="checkbox"/> MU Graduate Student <input type="checkbox"/> Non-Student			Labor Distribution (attach additional pages, if necessary)	
			MURC Fund: <input type="text"/>	MURC Org: <input type="text"/> %
			MURC Fund: <input type="text"/>	MURC Org: <input type="text"/> %
			MURC Fund: <input type="text"/>	MURC Org: <input type="text"/> %
			MURC Fund: <input type="text"/>	MURC Org: <input type="text"/> %

*Expiring Funds: If continuation PAR is not received, employment will continue, paid from default fund

Default Funding: Default Fund: Default Org:

Remarks

Certification / Approval

I certify that this employee is is not related to any other employee currently working on fund(s) listed above*

*If a relationship exists, please contact Bruce Day (696-4303), Director of MURC Office of Research Integrity, for information about potential conflicts of interest.

Project Director _____ Date _____
 Default Fund Project Director _____ Date _____
 Research Corporation _____ Date _____

Department Contact Person Phone

Employment with MURC is voluntarily entered into, and the employee is free to resign at will at any time, with or without cause. Similarly, MURC may terminate the employment relationship at will at any time, with or without cause.

Acceptance of the appointment is signified by signing and dating below. Employment is at the "will and pleasure" of the Marshall University Research Corporation and is subject to the availability of funding.

Employee Signature (must have original signature) _____ Date _____