

University of Missouri Personnel Action Form For Data Entry Purposes Only

PS Recruiting <input type="checkbox"/> Yes <input type="checkbox"/> No		1. Appl. ID (HR Use Only)		2. Employee Name (last, first, middle as appears on Social Security Card)		3. EmplID		4. Effective Date		
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5. Action	6. Reason	7. Expected Job End Date (If Applicable)	8. Position Number	9. Business Unit	10. Home Dept. (Code)	11. Job Code	12. SupID (EmplID)	13. Reports To (Posn. No.)
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14. Benefit Status <input type="checkbox"/> Regular <input type="checkbox"/> Temporary	15. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	16. Empl Class <input type="checkbox"/> 1 - Oth F/S <input type="checkbox"/> 2 - Fac 9/9 <input type="checkbox"/> 3 - Fac 9/12 <input type="checkbox"/> 4 - Med Res <input type="checkbox"/> 5 - JVA <input type="checkbox"/> 8 - Per Diem <input type="checkbox"/> 9 - Non-Emp <input type="checkbox"/> A - Student						
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17. Std. Hrs.	18. FTE	19. Pay Group	20. Holiday Schedule <input type="checkbox"/> None <input type="checkbox"/> UM	21. EE Type <input type="checkbox"/> H <input type="checkbox"/> S	22. Tax Location	23. FICA Status <input type="checkbox"/> E <input type="checkbox"/> N	24. Compensation Frequency/Rate Code <input type="checkbox"/> Hourly/NAHRLY <input type="checkbox"/> Monthly/NAANL <input type="checkbox"/> Contract/NAANL		
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25. Compensation Rate	26. Comp. Freq.	27. Benefits Eligibility Date	28. UM Working Title			29.1-9 Expir. Date
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30. Work Auth. Date	31. Shift Diff Code (Hospital Use Only)	32. Ben. Service Date	33. Probation Date	34. End Date (if applicable)	35. Academic <input type="checkbox"/> Yes
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JOB EARNINGS DISTRIBUTION Continuation Sheet Attached

36. Effective Date	37. Business Unit	38. Department	39. Job Code	40. Earn Code (3)	Choose One		Combination Code	
					41. Comp Rate (Monthly/Contract Only)	42. Distrib %	43. MoCode (5)	44. Account (6)

45. Benefit Record No. (HR Use Only)	46. ABBR (HR use only)	47. Elig Fld 1 (Leave Plan) <input type="checkbox"/> EXVAC <input type="checkbox"/> NEVAC <input type="checkbox"/> Nurses <input type="checkbox"/> None			48. Benefit Program Effective Date	49. Benefit Program DBP
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CONTRACT INFORMATION

50. Contract Effective Date	52. <input type="checkbox"/> Pay over 12 months <input type="checkbox"/> Pay Over Contract <input type="checkbox"/> Pay over _____ months		53. Monthly Frequency M	54a. Contract _____	54b. Payment _____	Begin _____	End _____
51. Contract Pay Type (If Applicable) <input type="checkbox"/> 9 Over 9 <input type="checkbox"/> 9 Over 12 <input type="checkbox"/> Pay Over Contract							

ACADEMIC INFORMATION

55. Tenure Status <input type="checkbox"/> Non Tenure Not On Track <input type="checkbox"/> Non Tenure On Track <input type="checkbox"/> Tenure	56. Home Rank <input type="checkbox"/> Assist Professor (002) <input type="checkbox"/> Assoc Professor (003) <input type="checkbox"/> Professor (004)		57. Track Start Date		61. Academic Discipline		
	58. Tenure Home	59. Tenure Notification Date	60. Tenure Granted Date		Department _____		FTE _____
					Department _____		FTE _____

62. Comments

63. Authorizations

Signature & Date

Signature & Date

Signature & Date