

University of Minnesota Personnel Action Worksheet

<input type="checkbox"/> New Hire	<input type="checkbox"/> Continuation	<input type="checkbox"/> New Faculty	<input type="checkbox"/> Student	<input type="checkbox"/> New Employee (has received Benefit Packet)
<input type="checkbox"/> Additional Appointment	<input type="checkbox"/> Status Change (indicate changes only)	<input type="checkbox"/> 9/12 <input type="checkbox"/> Multi-Year Contract	<input type="checkbox"/> Grad/Professional <input type="checkbox"/> Undergraduate	

Employee ID# _____ (required on all but new hires)

Employment Record _____

PERSONAL DATA

Name: _____
 Last, First Middle (full middle name if known)

Date of Death: _____

ACTION/REASON

Effective Date	Action	Reason
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

JOB INFORMATION

Work Location
 Position Number: _____ Company: UMN UNS (All 956X, excluding 9563) UMP Entity #: _____

Job Information
 Job Code: _____ Regular (> 3 months) Temporary(< 3 months) Full Time (40 hrs) Part Time (< 39 hrs)
 Empl Class:
 Acad Prof and Admin Medical Resident Standard Hours: _____
 CS / BU Not Benefits Eligible
 CS - V Class Stud Insurance Eligible Percent Time/FTE: _____
 Faculty MN Exten Serv/Fed
 Grad/Prof Student

Payroll Pay Group: Pay Without Salary Employee Type: Hourly Exception Hourly Salary

Salary Plan Grade: _____ (If applicable) Step: _____ (If applicable)

Compensation
 Compensation Frequency: Hourly Biweekly Rate Code: Hourly (NAHRLY) Annual (NAANNL)
 Comp Rate: _____ ABBR: _____

Appointment UM
 Appt Type: _____ Appt Term: _____ Job Search Number: _____ Progression Anniversary Date: _____
 Hire Type: _____ Replaced Employee ID: _____ Business Title: _____

Vacation Eligibility: Yes (enrollment date _____) No
 Sick Eligibility: Yes (enrollment date _____) No

Comment Section:

Prepared By: _____

Date: _____