

# Personnel Action Form

Vanderbilt University

<b>Employee Information:</b> Name: _____ ID: _____ Job Record#: _____ SSN: _____ Status: _____ Hire Date: _____	<b>Department Information:</b> Home Department: _____ PAF Responsible: _____ Location: _____ Initiator: _____ Phone: _____
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<b>Employee - Current Information</b>	<b>Employee - New Information</b>
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Last Action	Reason	Action Date	Action	Reason
<b>Check here if not eligible for rehire:</b> <input type="checkbox"/>				
Effective Date: _____	End Date: _____	Effective Date: _____	End Date: _____	
Position Number: _____	Job Entry Date: _____	Position Number: _____	VU Budget#: _____	
Job Code: _____	VU Budget#: _____	Job Code: _____	<input type="checkbox"/> VMG <input type="checkbox"/> VA/VU <input type="checkbox"/> Vanderbilt Student	
Home Dept. ID.: _____	Mail Drop: _____	Home Dept. ID.: _____	Mail Drop: _____	
Pay Group: _____	Standard Shift: _____	Pay Group: _____	Standard Shift: _____	
Standard Hours: _____	Comp Rate: _____	Standard Hours: _____	Comp Rate: _____	
Comp Frequency: _____	Shift 2: _____ Shift 3: _____	Comp Frequency: _____	Shift 2: _____ Shift 3: _____	
Benefits Salary: _____	Pay End Date: _____	Benefits Salary: _____	Pay End Date: _____	
Pay Start Date: _____		Pay Start Date: _____		

**Comment:** \_\_\_\_\_

<b>Employee Matrix Time Reader - Current Information</b>	<b>Employee Matrix Time Reader - New Information</b>
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Supervisor EmpID: _____	Name: _____	Supervisor EmpID: _____	Name: _____
Reader Numbers 1 - 5: _____	Reader Numbers 1 - 5: _____	Reader Numbers 1 - 5: _____	Reader Numbers 1 - 5: _____
CCode: _____	Shift Bndry: _____	Fixed Dist.: _____	CCode: _____
	Shift Bndry: _____	Fixed Dist.: _____	Shift Bndry: _____
	Fixed Dist.: _____	Fixed Dist.: _____	Fixed Dist.: _____

<b>Employee Distribution - Current Information</b>	<b>Employee Distribution - New Information</b>
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Center	Job Code	Percent	Center	Job Code	Percent

**Cost Sharing:** \_\_\_\_\_

**Approval Signatures**

<b>Effort Certification:</b> <input checked="" type="checkbox"/> I certify that I have first hand knowledge of (or have used suitable means of verifying) work performed by this individual and salary distribution prior to the effective date of this change is reasonable in relation to the work performed.	Signature/Date: _____ Signature/Date: _____ Signature/Date: _____ Signature/Date: _____
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**HR Routing Information:**    DestA: \_\_\_\_\_    DestB: \_\_\_\_\_    DestC: \_\_\_\_\_    Auth: \_\_\_\_\_