

# New Hire Personnel Action Form

<b>Employee Information:</b>		<b>Department Information:</b>																			
Name: _____		Home Department: _____																			
SSN: _____		PAF Responsible: _____																			
		Location: _____																			
		Initiator: _____	Phone: _____																		
<b>Employee - Current Information</b>		<b>Employee - New Information</b>																			
Address: _____		Action: _____ Reason: _____																			
City: _____ State: _____		Effective Date: _____ End Date: _____																			
Country: _____ Zip: _____		Position Number: _____ VU Budget#: _____																			
Home Phone: _____ Sex: _____		Job Code: _____																			
Marital Status: _____ Birth Date: _____		Home Dept. ID.: _____																			
Citizenship Status: _____		<input type="checkbox"/> Vanderbilt Student																			
I-9 Attached? I-9 Express		Pay Group: _____ Mail Drop: _____																			
		Standard Hours: _____ Standard Shift: _____																			
		Comp Frequency: _____ Comp Rate: _____																			
		Benefits Salary: _____ Shift 2: _____ Shift 3: _____																			
		Pay Start Date: _____ Pay End Date: _____																			
Comment: _____																					
<b>Employee Matrix Time Reader - Current Information</b>		<b>Employee Matrix Time Reader - New Information</b>																			
		Supervisor EmplID: _____ Name: _____																			
		Reader Numbers 1 - 5: _____																			
		CCode: _____ Shift Bndry: _____ Fixed Dist.: _____																			
<b>Employee Distribution - Current Information</b>		<b>Employee Distribution - New Information</b>																			
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Center</th> <th style="width: 15%;">Job Code</th> <th style="width: 15%;">Percent</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Center	Job Code	Percent															
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Cost Sharing: _____																					
<b>Approval Signatures</b>																					
Effort Certification: <input type="checkbox"/>		Signature/Date: _____																			
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