

New Hire Personnel Action Form

Vanderbilt University

Printed: Feb-28-08

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

HR Routing Information: DestA: _____ DestB: _____ DestC: _____ Auth: _____