

# New Hire Personnel Action Form

Vanderbilt University Medical Center

Printed: Feb-28-08

<b>Employee Information:</b>  Name: _____  SSN: _____	<b>Department Information:</b> Home Department: _____ PAF Responsible: _____ Location: _____  Initiator: _____ Phone: _____
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Employee - Current Information	Employee - New Information				
Address: _____ City: _____ State: _____ Country: _____ Zip: _____ Home Phone: _____ Sex: _____ Marital Status: _____ Birth Date: _____ Citizenship Status: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Action</th> <th style="width: 50%;">Reason</th> </tr> <tr> <td> </td> <td> </td> </tr> </table> Effective Date: _____ End Date: _____ Position Number: _____ VU Budget#: _____ Job Code: _____ <input type="checkbox"/> VMG <input type="checkbox"/> VA/VU Home Dept. ID.: _____ Pay Group: _____ Mail Drop: _____ Standard Hours: _____ Standard Shift: _____ Comp Frequency: _____ Comp Rate: _____ Benefits Salary: _____ Shift 2: _____ Shift 3: _____ Pay Start Date: _____ Pay End Date: _____	Action	Reason		
Action	Reason				
I-9 Attached? _____ I-9 Express _____					

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

Employee Matrix Time Reader - Current Information	Employee Matrix Time Reader - New Information
	Supervisor EmplID: _____ Name: _____ Reader Numbers 1 - 5: _____ CCode: _____ Shift Bndry: _____ Fixed Dist.: _____

Employee Distribution - Current Information	Employee Distribution - New Information															
	<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> </tbody> </table>	Center	Job Code	Percent												
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Cost Sharing: \_\_\_\_\_

Approval Signatures	
Effort Certification: <input type="checkbox"/>	Signature/Date: _____ Signature/Date: _____ Signature/Date: _____ Signature/Date: _____

**HR Routing Information:** DestA: \_\_\_\_\_ DestB: \_\_\_\_\_ DestC: \_\_\_\_\_ Auth: \_\_\_\_\_