

Personnel Action Form

Vanderbilt University Medical Center

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

Comment: _____

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

Employee Distribution - Current Information	Employee Distribution - New Information
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Center	Job Code	Percent	Center	Job Code	Percent

Cost Sharing: _____

Approval Signatures

Effort Certification: <input checked="" type="checkbox"/>	Signature/Date: _____ Signature/Date: _____ Signature/Date: _____ Signature/Date: _____
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HR Routing Information: DestA: _____ DestB: _____ DestC: _____ Auth: _____