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:** _____

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

Cost Sharing:	

Approval Signatures

Effort Certification: ☐	**Signature/Date:**
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:

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