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:**
	Signature/Date:
	Signature/Date:
	Signature/Date:

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