

Human Resources Information Form

Employee's Name: _____ Identification Number: _____

Position Title (as it appears on the *Organizational Chart): _____

Date of Employment (if new employee) or Effective Date (of status/rate Change): _____

Employee's Pay Rate

Total amount to be paid **or**
Pay rate for employee: _____ OR Rate Change from _____ to _____

Month(s) to be paid (Exempt Staff Temporary only): _____

Position Number: _____ Is this a change in position? Yes _____ No _____

FOAPL _____ (%)

FOAPL _____ (%)

FOAPL _____ (%)

Employee's Position Class

(40) Assoc. Faculty/Exempt Staff (Temp) _____ (55) PT Exempt Staff (Part Benefits) _____ (71) PT Hourly Staff (No Benefits) _____

(45) <1/2 Exempt Staff _____ (60) FT Hourly Staff _____ (75) PT Hourly Staff (Temp) _____

(50) FT Exempt Staff _____ (61) FT Hourly < 12 Mos. _____

(51) FT Exempt-Less Than 12 Months _____ (70) PT Hourly Staff (Part Benefits) _____

If in a part-time, Non Temp, Employee Position Class, indicate number of hours worked per year _____

Comments

Comments: _____

Supervisor Signatures

(Employee) (Date) (Supervisor-Required) (Date)

(Supervisor - Optional) (Date)

Typed by: _____