

# 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: \_\_\_\_\_

This position is either completely or partially grant funded. Employment may be contingent upon continued grant funding.

### Supervisor Signatures

\_\_\_\_\_  
(Employee)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Supervisor-Required)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Supervisor - Optional)

\_\_\_\_\_  
(Date)

Typed by: \_\_\_\_\_