

**PERSONAL INFORMATION**

Name (L Name, F Name, M Name)			Social Security #		Original Hire Date	Type of Action			
Address #1 (Street)		Address #2 (Apt/Bld)		City	State	Zip	Home Phone #	Other Phone #	Type
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status	Highest Education Level	Date of Birth	Citizenship Status <input type="checkbox"/> US (Native) <input type="checkbox"/> Perm Res (Alien Perm) <input type="checkbox"/> Temp Alien	Ethnic Group		Military Status		
Emergency Contact Name			Relationship	Emergency Contact Phone #					

**JOB INFORMATION**

Effective Date	Action Code (1)	Reason Code (1)	Dept #	Job Code	Job Title		Building Code	Building Name		
Regular/Temp <input type="checkbox"/> R <input type="checkbox"/> T	Full/Part Time <input type="checkbox"/> F <input type="checkbox"/> P	Empl Class	Pay Group	Employee Type <input type="checkbox"/> H <input type="checkbox"/> S	Standard Hours	FTE	Grade	Next Review Date	Comp Rate	
Effective Date	Action Code (1)	Reason Code (1)	Dept #	Job Code	Job Title		Location	Location Name		
Regular/Temp <input type="checkbox"/> R <input type="checkbox"/> T	Full/Part Time <input type="checkbox"/> F <input type="checkbox"/> P	Empl Class	Pay Group	Employee Type <input type="checkbox"/> H <input type="checkbox"/> S	Standard Hours	FTE	Grade	Next Review Date	Comp Rate	

JOB EARNINGS DISTRIBUTION			CURRENT	(Note - Grant End Date will auto-populate where appropriate)			FUTURE		
DISTRIBUTION	Default to Department Smartkey?			Default to Department Smartkey?			Yes	No	(If Yes, Do Not Enter SmartKey)
	Department default Smartkey:			Enter Smartkey Distribution(s):					
	Smartkey	Percent	Grant End Date	Smartkey	Percent				

**EMPLOYMENT INFORMATION**

BAS Group EUV PHY RTP VMC	Benefits Eligibility 1	Service Date	Fin. Attest. Signer	Supervisor ID	Faculty Rank	Rank Date	Track	Track Date	Tenured <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Tenured Date
Department #	Department Name			Future Term Date	Term Reason Code	HR Rep Level: 1, 2, 3	Supv Resp <input type="checkbox"/> Y <input type="checkbox"/> N	Faculty Contract Length <input type="checkbox"/> < 9 <input type="checkbox"/> 9 - 10 <input type="checkbox"/> 11 - 12 Month		
Paycheck Distribution Location #	Paycheck Distribution Location Name			Campus Mail Stop	Campus Mail Stop Name					
Submitted By	Date	Other Required Signature			Date	Dean or Director		Date	Processed By	
Approved By	Date	Department Head			Date	HR		Date	Verification Date	
									Data Entry Date	