



**University of Missouri**  
**Personnel Action Form**  
 For Courtesy Appointments and Volunteers

1. EmplID	2. Social Security Number 	3. Effective Date
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**Name and Biographical Information (Enter name as it appears on Social Security card):**

4. Prefix <input type="checkbox"/> Dr. <input type="checkbox"/> Miss. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	First Name	Middle Name	Last Name	Suffix <input type="checkbox"/> II. <input type="checkbox"/> III. <input type="checkbox"/> IV. <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.	5. Date of Birth (MM-DD-YYYY)
6. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male					

**Contact Information:**

Home address (Local Address)	7. Street or P.O. Box Number	City	State	Zip Code	County
Mailing Address (Only provide if different than above)	8. Street or P.O. Box Number	City	State	Zip Code	County
UM Work Address (Required)	9. Room Number and Building Name				
	10. Street or P.O. Box Number	City	State	Zip Code	County
Telephone Numbers	11. Home Telephone Number (Main) ( )		12. UM Work Telephone Number ( )		

13. Action	14. Reason	15. Expected Job End Date (If Applicable)	16. Business Unit	17. Department	18. Job Code	19. Benefit Status	20. Empl Class	21. Pay Group	22. Empl Type	23. Working Title	24. Ben. Prog.
HIR	<input type="checkbox"/> CAP <input type="checkbox"/> VOL					Temporary	9 - Non-Emp	NEN	H		DBP
HIR	<input type="checkbox"/> CAP <input type="checkbox"/> VOL					Temporary	9 - Non-Emp	NEN	H		DBP
HIR	<input type="checkbox"/> CAP <input type="checkbox"/> VOL					Temporary	9 - Non-Emp	NEN	H		DBP

25. Comments

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26. Authorizations: Signature \_\_\_\_\_

Date \_\_\_\_\_