

# University of Missouri Personnel Action Form For Data Entry Purposes Only

PS Recruiting <input type="checkbox"/> Yes <input type="checkbox"/> No		1. Appl. ID (HR Use Only)		2. Employee Name (last, first, middle as appears on Social Security Card)		3. EMPLID		4. Social Security Number							
5. Effective Date		6. Action		7. Reason		8. Expected Job End Date (If Applicable)		9. Position Number		10. Business Unit		11. Home Dept. (Code)		12. Job Code	
13. Benefit Status <input type="checkbox"/> Regular <input type="checkbox"/> Temporary		14. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		15. Empl Class <input type="checkbox"/> 1 - Oth F/S <input type="checkbox"/> 2 - Fac 9/9 <input type="checkbox"/> 3 - Fac 9/12 <input type="checkbox"/> 4 - Med Res <input type="checkbox"/> 5 - JVA <input type="checkbox"/> 8 - Per Diem <input type="checkbox"/> 9 - Non-Emp <input type="checkbox"/> A - Student											
16. Std. Hrs.		17. FTE		18. Pay Group		19. Holiday Schedule <input type="checkbox"/> None <input type="checkbox"/> UM		20. EE Type <input type="checkbox"/> S		21. Tax Location		22. FICA Status <input type="checkbox"/> E <input type="checkbox"/> N		23. Compensation Frequency/Rate Code <input type="checkbox"/> Hourly/NAHRLY <input type="checkbox"/> Monthly/NAANNL <input type="checkbox"/> Contract/NAANNL	
24. Compensation Rate		25. Comp. Freq.		26. Job Description ID		27. Benefits Eligibility Date		28. UM Working Title		29.1-9 Expir. Date					
30. Work Auth. Date		31. Shift Diff Code (Hospital Use Only)		32. Ben. Service Date		33. Probation Date		34. End Date (If applicable)		35. Academic <input type="checkbox"/> Yes					

### JOB EARNINGS DISTRIBUTION

Continuation Sheet Attached

36. Effective Date	37. Business Unit	38. Department	39. Job Code	40. Earn Code (3)	Choose One		Combination Code	
					41. Comp Rate (Monthly/Contract Only)	42. Distrib %	43. MoCode (5)	44. Account (6)

45. Benefit Record No. (HR Use Only)		46. ABBR (HR use only)		47. Elig Fld 1 (Leave Plan) <input type="checkbox"/> EXVAC <input type="checkbox"/> NEVAC <input type="checkbox"/> Nurses <input type="checkbox"/> None		48. Benefit Program Effective Date		49. Benefit Program DBP	
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### CONTRACT INFORMATION

50. Contract Effective Date		Payment Terms		53. Monthly Frequency M		Begin		End	
51. Contract Pay Type (If Applicable) <input type="checkbox"/> 9 Over 9 <input type="checkbox"/> 9 Over 12 <input type="checkbox"/> Pay Over Contract		52. <input type="checkbox"/> Pay over 12 months <input type="checkbox"/> Pay Over Contract <input type="checkbox"/> Pay over _____ months				54a. Contract _____		54b. Payment _____	

### ACADEMIC INFORMATION

55. Tenure Status <input type="checkbox"/> Non Tenure Not On Track <input type="checkbox"/> Non Tenure On Track <input type="checkbox"/> Tenure		56. Home Rank <input type="checkbox"/> Assistant Professor <input type="checkbox"/> Associate Professor <input type="checkbox"/> Professor		57. Track Start Date		61. Academic Discipline	
58. Tenure Home		59. Mandatory Review Date		60. Tenure Granted Date			
						Department	FTE

62. Comments							
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63. Authorizations

_____ Signature & Date	_____ Signature & Date	_____ Signature & Date
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