

# 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	
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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
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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					
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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"/> H <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
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24. Compensation Rate	25. Comp. Freq.	26. Job Description ID	27. Benefits Eligibility Date	28. UM Working Title			29.1-9 Expir. Date
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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
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### 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. Distrb %	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	52. <input type="checkbox"/> Pay over 12 months <input type="checkbox"/> Pay Over Contract <input type="checkbox"/> Pay over _____ months		53. Monthly Frequency  M	54a. Contract _____	54b. Payment _____	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							

### 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. <b>Academic Discipline</b>	
	58. Tenure Home	59. Mandatory Review Date	60. Tenure Granted Date		Department	FTE
					Department	FTE

62. Comments
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63. Authorizations

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Signature & Date

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Signature & Date

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Signature & Date