STUDENT PERSONNEL/PAYROLL ACTION FORM

Rev. 2/9/2024

Effective Date:

EMPLOYEE INFORMATION

Last Name:	First Name:	MI:	Date of Birth:

Address:	Apt. No.:	City:	State:	Zip Code:

Phone Number:	Gender:	Racial/Ethnic Group:

Emergency Contact Name:	Contact Number:	Relationship:

ACTION REQUEST

Action: Separation Reason: Eligible for Rehire: _____

Comments:

CLASSIFICATION INFORMATION

Employee Class:

Part-Time Employee FTE .50% Student Employees are allowed to work up to 28 hours a week

Lunch Code:

Previous AHEC Employee: Yes ☐ No ☐ Previous Department:

JOB INFORMATION	CURRENT STATUS:	CHANGE TO:
Division:		
Department:		
Supervisor Name:		
Student Level:		
Position Title:		
Hourly Wage:		
Distribution Code:		
Work Flow:		

SIGNATURES

SUPERVISOR	2ND LEVEL SUPERVISOR	FINANCE

HR USE ONLY

Date Received Stamp	Data Entry Completion	COMMENTS:
	MIP Completion Date	
		Employee ID # _____