



STUDENT PERSONNEL/PAYROLL ACTION FORM

Rev. 3/19/2024

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

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
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HR USE ONLY

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