

Personnel Action Form

Name

Empl ID (1000 or 6000#)

Supervisor

Department #

Cost Center

New Hire Address

City

State

ZIP Code

DOB

Phone #

Gender Male Female

Employment Type Student

Work Study

GRA

Casual Employee

Classified

A&P or Classified

Currently Employed by UTA Yes No

New Job Title

Hours per week

Date Attending New Hire Session

Start Date

New Pay Rate

Hourly

Annually

Additional Information

FOR AUXILIARY BUSINESS SERVICES USE ONLY

Position ID

eForm

Timepro