Employee Name   Last _____   First _____   Middle Initial _____

Personnel # _____

Organizational Unit Name _____   Org. Unit Phone _____

Personnel Action Form

EFFECTIVE DATES OF ACTION *(MM/DD/YYYY):*

Appointment Effective Date   FROM _____   TO _____

Start/Stop Pay Date   FROM _____   TO _____

DESCRIPTION OF ACTION (mark appropriate box)

- ☐ New Hire
- ☐ Student Hire   CrHrs _____
- ☐ Ancillary Hire
- ☐ Volunteer Hire
- ☐ NonResAlien Hiring Addendum
- ☐ Campus Transfer In

- ☐ Rehire
- ☐ Rehire as Volunteer
- ☐ Rehire as Ancillary
- ☐ Funding Change
- ☐ Employment % - FTE Change *
- ☐ Salary/Rate Change *
- ☐ Organizational Change*

- ☐ Separation *
- ☐ Employment Pause
- ☐ Campus Transfer Out*
- ☐ LOA without Pay*
- ☐ LOA with Pay*
- ☐ Return from LOA

* Requires a Reason Code

ACTION (IT0000)

Reason Code _____   Position # _____   Position Title _____

PERSONAL DATA (IT0002)   *refer to Personal Data Form*

ORGANIZATIONAL ASSIGNMENT (IT0001)

Benefits % *(Contribution percentage toward benefits for contractual period):*

_____   *for 12 month*   _____   *for 9/10 month*   _____   Ret/Ancil   _____   Not Eligible

ALL CURRENT POSITIONS AT THE UNIVERSITY

	Position Number	Position Title	Staffing Percent
This Position			
2			
3			
4			
5			
		TOTAL	=100%

ADDRESSES (IT0006)   *refer to Personal Data Form*

PLANNED WORKING TIME (IT0007)

Work schedule rule:

☐ Salary   ☐ Positive Time Reporting

M-F @ 8 hours/day _____   Number of hours scheduled per week _____

Shift _____   (Include total time worked at the University in all positions)

Other hours per day _____

Shift _____

Contract Length Code: _____   Leave Plan Code: _____   Employment % (FTE): _____

BASIC PAY (IT0008)

Wage Type _____   Amt $ _____   ☐ hr ☐ mo | Wage Type _____   Amt $ _____   ☐ hr ☐ mo

Wage Type _____   Amt $ _____   ☐ hr ☐ mo | Wage Type _____   Amt $ _____   ☐ hr ☐ mo

COST DISTRIBUTION (IT9027)

Cost Center / WBS Element	Start/End date of CC/WBS (if needed)	Position Number	Wage Type	Hourly or Monthly Rate	% of Cost Distribution
Note: Percentage must equal 100% for any given point in time			TOTAL		= 100 %

PAID APPOINTMENTS (IT9001)

Start Date	End Date	Position #	Title Modifier	Employee Subgroup	Budgeted Annual Salary	OR ⇔	Amount To Be Paid	FTE % *relative to full*

UNPAID APPOINTMENTS   (IT9001)

Start Date	End Date	Title	Title Modifier	Organizational Unit Number

BANK DETAILS (IT0009) / TAX AREA (IT0207):   NE   / TAX WITHHOLDING   W4/W5 (IT0210)
ADDITIONAL PERSONAL DATA   *refer to Personal Data Form*

DATE SPECIFICATIONS   (IT0019 or IT0041)

When entering in date use Month/day/year

I-9 Date <u>required</u> _____

First Working Date <u>required</u> _____

Last Working Date <u>required</u> _____

Keep Services Active _____

(To be completed by Human Resources)

University Service Date _____
Leave Accrual Date _____
Probation End Date _____
Next Review Date _____

EDUCATION & QUALIFICATIONS (IT0009)   *refer to Personal Data Form*

ADDITIONAL COMMENTS OR EXCEPTIONS:

_____

_____

_____

APPROVAL SIGNATURES:

Signature (Employee Completing Form)	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

NOTES TO COMPLETER

PDF, Direct Deposit, W4, NW4, Compensatory Time Agreements, Policy Acknowledgements are completed in Docusign. Send signed offer letter and other supporting documentation to HR at unorecords@unomaha.edu.

(To be completed by Academic Affairs)

Bargaining Unit In/Out _____
Faculty Rank Date _____
Graduate Faculty Date _____
Tenure Notification Date _____
Tenure Date _____