PERSONNEL ACTION FORM - MUCEP STUDENTS

COMPLETE S	SHADED AREAS		Departm								
Banner ID (Student #)		Employee's Name (Last, First, Middle Initial)									
Departmen	t Name										
EMPLOYEE J	OBS (NBAJOBS)										
Effective Date (MM/DD/YY			Y) Position			E-Class		Timesheet/Check ORGN (If different than FOAP ORGN)			
				S	SU						
OB DETAILS	}										
Begin Date (MM/DD/YYYY)		')	End Date (MM/D			')	Hourly Ra		Earnings		
							\$1	18.65		CEP	
	DISTRIBUTION					I		1			
Fund	Organization		ccount 66005	Pro	gram	ram Activ		ty	Location	Percent	
Fund	Organization		ccount	t Program A		Activity		Location	Percent		
		(66005								
Γ4 ADDRESS		SPAIC	DEN)					Cit			
Permanent	Address							Cit	:y		
Province Postal Code		9	Country Ho		lome Ph	me Phone Em		nergency Contact		Phone	
Date of Bir	C AL rth (MM/DD/YY	ΥY)	Social In	suranc	e Numbe	er					
NTERNATIO	NAL INFORMAT	ON (GOAINTL)								
	employees with of SIN attached		al Insuran	ce Num		_		9 (copy o A attache		/ISA required)	
SIN Expiry Date (MM/DD/YYY) VISA		Country			VISA Expiry Date (MM/DD/YYYY)			
	OSIT INFORMAT	-	-		Alı	read	y on f	file			
DUTIES											
s this emplo	yee a Canadian	citize	n? Ind	dicate S	Student'	s Aca	adem	ic Year	Estim	ated Hours	
Completed	Date (MM/DD/YYYY)				HR Processing						
				Proce	Processed by:			Date:			

Approved by	Date (MM/DD/YYYY)				