



Personnel Action Request Form Hire, Rehire, and Transfer

An Honors University in Maryland

University of Maryland Baltimore County
1000 Hilltop Circle
Baltimore, MD 21250

Instructions: Please complete this form and attach all supporting Documents. Forward to Human Resources – Payroll. **HELP TEXT APPEARS IN THE BOTTOM LEFT CORNER OF THE SCREEN**

1 <u>Action*</u>	2 <u>Reason*</u>	3 <u>Supporting Documents</u>	
4 <u>Effective Date*</u>	5 <u>Employee ID (If Known)</u>	W-4	I-9 & Supporting Documents
6 <u>Prior USM/State Service Date</u>	7 <u>Prior Agency Code (USM Transfer)</u>	Retirement Selection Form	Social Security Verification
		Non-resident Alien/	Required Docs On File
		Permanent Resident	Faculty Supplemental Data Form
		Substance Abuse	CHIPRA Acknowledgement Form

PERSONAL DATA (complete all fields; for one-time pay appointments complete only those fields with an asterisk (*))

8 <u>First Name*</u>	9 <u>Middle Name/Initial</u>	10 <u>Last Name*</u>	11 <u>Suffix</u>
12 <u>Home Address*</u>			13 <u>County of Residence*</u>
			Other:
14 <u>City*</u>	15 <u>Postal (Zip)*</u>	16 <u>State*</u>	17 <u>Preferred Email</u>
		18a <u>Home Phone #</u>	18b <u>Campus Phone #</u>
19 <u>Gender*</u>	20 <u>Highest Education Level</u>	21 <u>Marital Status</u>	22 <u>Military Status</u>
			23 <u>US Citizen*</u>
24 <u>Date of Birth*</u>	25 <u>Birth Country*</u>	26 <u>Social Security #*</u>	27 <u>Visa Type*</u>
Academic Organization: FACULTY; class scheduling			
28a <u>Ethnicity*</u>	28b <u>Race*</u>		
	American Indian/Alaska Native Black or African American White Asian Native Hawaiian/Other Pacific Islander		

JOB DATA (complete all fields; for one-time pay appointments complete only those fields with an asterisk (*))

29 <u>Position Number*</u>	30 <u>Department ID*</u>	31 <u>Department Name*</u>	32 <u>Job Code/Title*</u>	33 <u>Standard HRS / FTE</u>	34 <u>End Date*/Term</u>
29a	30a	31a	32a	33a	34a
29b	30b	31b	32b	33b	34b
35 <u>Employee Class*</u>	36 <u>Payment Method*</u>		37 <u>Bi-weekly/Hourly Rate</u>	38 <u>Annual Salary</u>	

EMERGENCY CONTACT INFORMATION

39 <u>Name</u>	40 <u>Relationship</u>	41 <u>Address</u>	Same Address as Employee	42 <u>Phone</u>	Same Phone as Employee
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Comments:

THE APPROVALS SECTION MUST BE COMPLETED

COMPLETED BY

<u>Name (Please Type or Print)</u>	<u>Signature</u>	<u>Date</u>	<u>Phone Number</u>	<u>E-mail Address</u>
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SIGNATURE AUTHORITY

<u>Name (Please type or Print)</u>	<u>Signature</u>	<u>Date</u>	<u>Phone Number</u>	<u>E-mail Address</u>
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HR APPROVAL/VERIFICATION (HR USE)

<u>Pay Group</u> <input type="checkbox"/> SAL <input type="checkbox"/> CNT <input type="checkbox"/> HRL	<u>FICA Status</u> <input type="checkbox"/> Subject <input type="checkbox"/> Exempt	<u>Pay Frequency</u> W9MTH <input type="checkbox"/> U26 <input type="checkbox"/> UM22 <input type="checkbox"/> HRL	<u>Comments</u>
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Retirement System

<input type="checkbox"/> Eligible	<input type="checkbox"/> ORP - TIAA	<input type="checkbox"/> ORP - Fidelity	<input type="checkbox"/> Empls Pension 7%	<input type="checkbox"/> Teacher's Pension 7%
<input type="checkbox"/> Not Eligible	<input type="checkbox"/> LEOPS			
Transfers Only	<input type="checkbox"/> Empl's Ret, 5%	<input type="checkbox"/> Emp's Retire 7%	<input type="checkbox"/> Teacher's Ret, 5%	<input type="checkbox"/> Teacher's Ret, 7%

<u>Payroll Staff Initials</u>	<u>Date</u>	<u>Comments</u>
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<u>Data Entry Staff Initials</u>	<u>Date</u>	<u>Employee ID /Rcd</u>	<u>Comments</u>
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