

Personnel Action Form



University of Maryland
CENTER FOR ENVIRONMENTAL SCIENCE

AL CA CBL HPL IAN IMET RFO SG

Employee Information

Employee Name: _____ SSN or UID: _____

Select One: New Hire Re-Hire* *Previous Term. Date: _____ DOB: _____

| | | | | |
|---|---|--|---|--|
| Staff | | | | |
| <input type="checkbox"/> Contingent I, Circle One: NE EX | <input type="checkbox"/> GRA I | <input type="checkbox"/> FRA I, Faculty, NT, Term Contract | <input type="checkbox"/> FRA IV, Faculty, NT, Term Contract | <input type="checkbox"/> Contingent II, Nonexempt |
| <input type="checkbox"/> Student Hourly Circle One: UG GR | <input type="checkbox"/> GRA II | <input type="checkbox"/> FRA II, Faculty, NT, Term Contract | <input type="checkbox"/> Exempt, Reg. | <input type="checkbox"/> Contingent II, Exempt |
| <input type="checkbox"/> Non Paid Employee/Volunteer | <input type="checkbox"/> GRA III | <input type="checkbox"/> FRA III, Faculty, NT, Term Contract | <input type="checkbox"/> Nonexempt, Reg. | <input type="checkbox"/> Research Specialist (Contingent II) |
| Faculty | | | | |
| <input type="checkbox"/> Faculty, NT, On Track | <input type="checkbox"/> Faculty, Tenured | <input type="checkbox"/> Faculty, hourly | <input type="checkbox"/> Faculty, NT, Term Contract | <input type="checkbox"/> Faculty, NT, Continuing Contract |

| | | | | |
|---|---|---|-------------------------|---|
| Position Title: _____ | | Position Number: _____ | | |
| Base Salary: \$ _____ | <input type="checkbox"/> Annual | <input type="checkbox"/> Non Standard Payment | Hlth. Subsidy: \$ _____ | |
| | <input type="checkbox"/> Hourly | per <input type="checkbox"/> week <input type="checkbox"/> bi-weekly <input type="checkbox"/> mo. | Retire. Sub.: \$ _____ | |
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time _____% | Employment Period: _____ | | |
| FRS Account(s): _____ % | | _____ % | | |
| _____ % | | _____ % | | |
| U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, Visa Type: _____ | | Expiration Date: _____ | |
| Eligible For: <input type="checkbox"/> Health Care | <input type="checkbox"/> Retirement | Essential Employee Status: | | <input type="checkbox"/> Not Applicable |
| | | | | <input type="checkbox"/> Catastrophic |
| | | | | <input type="checkbox"/> Weather/Other |

Change Information

Reason For Change: _____

New Position Title: _____ **New Position Number:** _____

Effective Date(s) From: _____ To (If Applicable): _____

New Salary Amount: \$ _____ Annual Hourly Non Standard Payment

FRS Number(s): _____ % _____ %

_____ % _____ %

Additional Notes:

Separation Information

Last Day Worked: _____ Still employed at UMCES on another appt.

Leave Remaining: (Attach Leave Payout Info): Annual: _____ Holiday: _____

Termination Reason (Attach Documents, Resignation): _____

| | | | |
|--|---|--|--------------|
| Would you rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Transferred to another USM institution Start Dt: _____ | <input type="checkbox"/> Transferred to another UMCES site Start Dt: _____ | Notes: _____ |
|--|---|--|--------------|

Approvals

Supervisor/PI: _____ Date: _____

PHR Approver: _____ Date: _____

Director: _____ Date: _____

Human Resources: _____ Date: _____