



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 Retirement Selection Form Non-resident Alien/ Permanent Resident Substance Abuse | I-9 & Supporting Documents Social Security Verification Required Docs On File Faculty Supplemental Data Form CHIPRA Acknowledgement Form |
| 6 <u>Prior USM/State Service Date</u> | 7 <u>Prior Agency Code (USM Transfer)</u> | | |

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> | |
| 14 <u>City*</u> | | 15 <u>Postal (Zip)*</u> | 16 <u>State*</u> | 17 <u>Preferred Email</u> | Other: 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>Appt End Date*</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 |
|----------------|------------------------|--|--|

Comments:

THE APPROVALS SECTION MUST BE COMPLETED

COMPLETED BY

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

SIGNATURE AUTHORITY

| | | | | |
|------------------------------------|------------------|-------------|---------------------|-----------------------|
| <u>Name</u> (Please type or Print) | <u>Signature</u> | <u>Date</u> | <u>Phone Number</u> | <u>E-mail Address</u> |
|------------------------------------|------------------|-------------|---------------------|-----------------------|

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> |
|--|--|---|-----------------|

Retirement System

| | | | | | |
|--|--|--|--|--|--|
| <input type="checkbox"/> Eligible | <input type="checkbox"/> ORP - TIAA | <input type="checkbox"/> ORP - Fidelity | <input type="checkbox"/> ORP - Valic | <input type="checkbox"/> Empls Pension 2% | <input type="checkbox"/> Tchrs Pension 2% |
| <input type="checkbox"/> Not Eligible | <input type="checkbox"/> LEOPS | <input type="checkbox"/> Teachers Pension 2% | | | |
| Transfers Only | <input type="checkbox"/> Emp's Ret, 5% | <input type="checkbox"/> Empl's Ret, 6% | <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> |
|-------------------------------|-------------|-----------------|

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