



**COLUMBIA UNIVERSITY
PERSONNEL ACTION FORM**

EMPLOYEE ID _____
 NAME Prefix _____ Suffix _____
 Last, First Middle _____

EFF. DATE	ACTION	REASON	DATE SUBMITTED	SOCIAL SECURITY NO.
1. _____	_____	_____	ADMIN DEPT NO.	ADMIN DEPT NAME
2. _____	_____	_____	WORK	CHECK SEQ CODE
3. _____	_____	_____	LOCATION	

PHONE and CONTACTS	OVERALL STATUS
OFFICE PHONE _____	CU EMP. STATUS _____
HOME PHONE _____	STATUS EFF. DATE _____
MOBILE PHONE _____	ORIGINAL HIRE DATE _____
PRIMARY E-MAIL _____	SERVICE DATE _____
	PAY FREQ. _____
	FLSA _____
	CU OVERALL FT/PT STATUS _____
	TOTAL BASE SALARY \$ _____

OFFICE ADDRESS	HOME ADDRESS (Perm)	MAILING ADDRESS (Curr)
ADDR LINE 1 (RM& BLDG): _____	ADDRESS LINE 1: _____	ADDRESS LINE 1: _____
ADDRESS LINE 2: _____	ADDRESS LINE 2: _____	ADDRESS LINE 2: _____
ADDR LINE 3 (MAIL CODE): _____	ADDRESS LINE 3: _____	ADDRESS LINE 3: _____
CITY: _____ STATE: _____	CITY: _____ STATE: _____	CITY: _____ STATE: _____
COUNTRY: _____ ZIP: _____	COUNTRY: _____ ZIP: _____	COUNTRY: _____ ZIP: _____

PERSONAL	VISA	EDUCATION	TENURE INFORMATION
GENDER _____ BIRTHDATE _____	U.S. CITIZEN YES NO _____	HIGHEST DEGREE _____	TENURE STATUS _____
ETHNICITY / RACE (2 questions) HISPANIC/LATINO YES NO _____	VISA TYPE _____	SCHOOL CODE _____ DATE RECEIVED _____	TENURE EFFECTIVE DATE _____
AMERICAN INDIAN/ALASKAN NATIVE _____ ASIAN _____	EXPIRATION DATE _____	SCHOOL NAME _____	
BLACK OR AFRICAN AMERICAN _____ WHITE _____	PERM RES REG NO. _____		
NATIVE HAWAIIAN/PACIFIC ISLANDER _____ NOT DISCLOSED _____			
MARITAL STATUS _____ MARITAL STATUS DATE _____			

COMPLETE UNIVERSITY TITLE

POSITION / SALARY INFORMATION	EMPL REC _____	NO OF ACTIVE POSITIONS _____
POSITION NUMBER _____	POSITION ENTRY DATE _____	GRADE _____
POSITION TITLE _____	APPT TYPE _____	SALARY PLAN _____
POSITION DEPT NO. _____	TITLE EFFDT _____	
POS DEPT NAME _____		
PERIOD SALARY _____	APPT/COMP RATE EFFECTIVE DATE _____	APPT/COMP RATE END DATE _____
SALARY TYPE _____		COMP RATE (ANNUAL/HOURLY RT) _____
PAY FREQ RATE _____		FULL BASE SALARY _____
FLSA _____	FT / PT _____	HOURS/WEEK _____
		HOURLY RATE _____
SHIFT _____	HOURLY SHIFT AMOUNT _____	ANNL SHIFT AMOUNT _____
		BARG. UNIT _____
JOB CODE _____		BU SEN DATE _____
		PROBATION END DATE _____

TERMINATION / RETIREMENT / LAYOFF	LEAVE OF ABSENCE
ACTION _____	ACTION REASON _____
EFFECTIVE DATE _____	LEAVE ACTION _____
TERM VAC PAY DAYS _____	VACATION PAY AMT _____
SEVERANCE PAY AMT _____	MONTHS _____ WEEKS _____ % OF WEEKS _____
	LEAVE BEGIN DATE _____
	LEAVE END DATE _____
	LEAVE REASON _____
	EXPECT RET _____ ACTUAL RET _____
	PARTIAL PAY YES NO _____

AUTHORIZATIONS / APPROVALS			
NAME _____	DATE _____	NAME _____	DATE _____
TITLE _____		TITLE _____	
NAME _____	DATE _____	HRPC _____	DATE _____
TITLE _____		TITLE _____	

COMMENT: