



University of Massachusetts Amherst



EmplID _____ Rcd _____
Provide SSN above for new hires *only*.

Employee Name _____
(last,first,MI order)

Requisition # _____

FROM TO

Effective Date(s)
Action/Action Reason
Position Number
HR Department ID
Department Name
Location (Building)
Job Title
Business Title
Standard Hours
% of Time
Hrly Rate or Bi-Wkly Salary
Annual Salary

Supervisor's EmplID:
Supervisor's Name:
Employee Reports to: _____
Position # _____

Mail Drop ID: _____ Grade: _____ PSSAP Level: _____

Position Type: Regular Temporary Benefits Authorized: Yes No

Employee Type: Non-Exempt Staff 35-Wk Min Non-Exempt Staff Hourly
(check one) Exempt Staff 43-Wk Exempt Staff PSU Non-Exempt
 Faculty Academic Year Faculty Calendar Year Tenure Decision Date _____
mmddyy

Funding:

HR Combo Code		HR Combo Code	
%		%	
Budget Amt \$	Funding End Date	Budget Amt \$	Funding End Date
Fund	<small>mmddyy</small>	Fund	<small>mmddyy</small>
Fund Dept ID		Fund Dept ID	
Project/Grant		Project/Grant	
(PS) Account		(PS) Account	
PI Signature	_____	PI Signature	_____

Comments & Contingencies

Authorized by: _____
Department Head Date Dean/Director Date
Vice-Chancellor/Provost (if applicable) Date Chancellor (if applicable) Date

Form Prepared by: _____ EMAIL: _____ Phone# _____ Date _____

Controller Use	Combo Code	Funding Begin Date	Funding End Date	Budget Amt \$	Initials	Date
	Combo Code	Funding Begin Date	Funding End Date	Budget Amt \$	Initials	Date