University of Massachusetts
Amherst

EmplID _____   Rcd ____

Provide SSN above for new hires **only**.

Rcd __

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	mmddyy	Fund	mmddyy
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

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