



PERSONNEL DATA UPDATE

Use this form for the actions listed below or for actions/choices not included on other HR forms

Department

O- _____

If not typed, use black or blue ink. White paper only.

Prepared By _____	Phone _____	Date _____
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Deadlines for completed original to Human Resources:
Monthly paid employees - prior to action effective date or the 10th of the month, whichever occurs sooner.
Biweekly paid employees - at least 2 business days prior to effective date.

1 **Effective Date:** ___/___/___ Hourly Faculty Salaried
 Graduate Assistant **Position #** _____

2 Prefix	First Name	Middle I	Last Name	Suffix	MaineStreet ID #
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3 Office Address/Phone Change Reappointment (regular employees only) Extend Probationary Period
 Supervisor Change Tenure Track Reappointment Title Change (no change in base salary)

4 **Information/Explanation of Change:**

5 New Supervisor Position #	Supervision Level of this Employee	Length of Probationary Extension
6 New Planned Exit Date	New Campus Address	New Campus Phone #

7 **Current Full MaineStreet Title:**

How MaineStreet Title Should Appear:

EARNINGS DISTRIBUTION (fill in only if changing)						
Earn Code	Start Date	End Date	Accounting ID (10 Digits)	Chartfields	Percent	✓ Soft Money
					%	<input type="checkbox"/>
					%	<input type="checkbox"/>
					%	<input type="checkbox"/>

Please check if this employee will be paid either in part or full from a federal contract with the E-Verify clause:
Contact Cliff Wilbur in the Office of Research and Sponsored Programs if you need help determining this status of your accounts.

Check here if additional distributions are included on reverse side or separate page.

Please make sure that the total % for each period of time equals 100%

Other Changes/Notes:

Initiating Administrator (Location of additional work) **Date** **Recommended** **Date**

Recommended **Date** **Approved** **Date**