



Request for Student Assistant Personnel Action

Request Number:

Date:

Complete all Items in this Section:

Name of Employee:

MDID #:

Department Name:

Telephone:

Account No. & Object Code

Hourly Rate:

A. For New-hires and Re-hires Only

Employment Status:

New

Rehire

Condition of Employment:

Part-time

Effective Date:

B. For Changes Only

Change from (Present):

Effective Date:

Change to (New):

Effective Date:

C. For Terminations Only

Reason for Termination:

Effective Date:

Remarks (Replacement for, Additional position authorized, Job award complete, etc)

Signature of Department Chair

Date

Signature of Division of Area Head

Date