

Miscellaneous HR Action Form for Non-Students

Semi-Amt \$ _____
 Override \$ _____
 Total \$ _____

Action: _____

To Be Completed by Department														
USC ID:				Name: (Last, First, Middle)										
Current Class:				Slot:		Position No.: (if applicable)								
Effective Date:				Dept. Name:					Home Dept.:					
Item	From	To	Item	From	To									
Base Salary or Hrly. Rate			Perm./Temp.											
Supplement			Hrs. Per Week											
Total Compensation			Hrs. for Appt.											
Semi-Amt. (Payroll Only)			Home Dept.											
Pay Basis			Check Dist.											
Primary Title or Rank			Timecard Dist.											
Secondary Title			Pay Band											
Full-Time/Part-Time			Override (Payroll Only)											
Justification:														
Appointment Dates Begin:				End:			Expected Earnings: (if hourly)							
Supervisor Name:							Supervisor Class/Slot:							
Job Location/Building:						Room No.:			Campus Ph.:					
If Change in Rank:				Date of Rank:		Voting Status:		Tenure Status:		Date:				
Tenure Dept. Name:							Tenure Dept. No.:							
From Accounts								Payroll Use Only						
Dept.	Fund	Obj. Class	Analytical	%	Amount									
To Accounts														
Dept.	Fund	Obj. Class	Analytical	FV	FSO	C	Begin Date	End Date	%	Amount				
To Be Completed by Division of Human Resources/Payroll														
SOC:			New Cls./Slit.:			PN:			Rev. Dte.:			Prim./Sec.:		
TTV:		FLSA:		EEOC:		Retain Pos.:		Pos./Hrly.:		Pos. Entered:		Referral:		
EE Type:		SSD:		LBD:		Leave Ind.:		Offer End Dte.:			ADept:			
Withholding:		FIT:		SIT:		FICA:		Retirement:			PORS:			
Signatures														
Initiated By:				Date:				Approved By:				Date:		
SA:		Date:		Payroll:		Date:		C&G:		Date:				