

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:		