

911 1/2 111 E O A E M  
**Personnel Action Form**  
 For Courtesy Appointments and Volunteers

1. EmplID	2. Effective Date
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**Name and Biographical Information (Enter name as it appears on Social Security card):**

3. Prefix <input type="checkbox"/> Dr. <input type="checkbox"/> Miss. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	4. First Name	Middle Name	Last Name	Suffix <input type="checkbox"/> II. <input type="checkbox"/> III. <input type="checkbox"/> IV. <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.	5. Date of Birth (MM-DD-YYYY)
6. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male					

**Contact Information:**

Home address (Local Address)	7. Street or P.O. Box Number	City	State	Zip Code	County
Mailing Address (Only provide if different than above)	8. Street or P.O. Box Number	City	State	Zip Code	County
UM Work Address (Required)	9. Room Number and Building Name				
	Street or P.O. Box Number	City	State	Zip Code	County
Telephone Numbers	Home Telephone Number (Main) (    )		UM Work Telephone Number (    )		

10. Action	11. Reason	12. Expected Job End Date (If Applicable)	13. Business Unit	14. Department	15. Job Code	16. Benefit Status	17. Empl Class	18. Pay Group	19. Empl Type	20. Working Title	21. Ben. Prog.
HIR	<input type="checkbox"/> CAP <input type="checkbox"/> VOL					Temporary	9 - Non-Emp	NEN	H		DBP
HIR	<input type="checkbox"/> CAP <input type="checkbox"/> VOL					Temporary	9 - Non-Emp	NEN	H		DBP
HIR	<input type="checkbox"/> CAP <input type="checkbox"/> VOL					Temporary	9 - Non-Emp	NEN	H		DBP

22. Comments

23. Authorizations: Signature \_\_\_\_\_

Date \_\_\_\_\_