



Payroll Action Form

New Employee Continuing Employee Adjunct Overload Stipend

To Be Completed by Employee

CU ID or SSN: Name: Suffix/Salutation

Phone: Current Address: Street, City, State, Zip

Sex: Male Female Birth Date:

Citizenship: U.S. Citizen Resident Alien Non-Resident Alien # Exp. Date

ARE YOU an Active Member of OK Teacher's Retirement System? Presently Retired from OTRS? Currently a student enrolled half time or more?

Race: White Black American Indian or Alaska Native Asian or Pacific Islander Hispanic Other

Highest Degree Earned: (BA, MS, PhD, etc)

School Name:

The information supplied is correct to the best of my knowledge.

Employee Signature: Date Signed:

To Be Completed by Hiring Department

Account Number(s): Department Name: Salary Amount:

Position Number: Title/Rank:

Starting Date: Ending Date: Length of Appointment:

Type Status: Type: Type Employee: 1. Permanent 2. Temporary A. Administrative/Professional C. Classified F. Faculty P. Part-time F. Full-time

Tenure Code: Notes: 1. Continued tenure or permanent status 2. Continued non-tenure-on tenure track 3. First time tenure or permanent status 4. First time non-tenured - on tenure track 5. Non-tenured - not on tenure track 6. Temporary position will not be considered X. Does Not Apply

Signature of Department Hiring Authority Date Signed Signature of Approving Authority Date Signed

Please send the completed form to the Human Resources Department