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|  | **Employee Action Form**University of Maryland, BaltimoreHuman Resource Services620 W. Lexington St. 3rd FloorBaltimore, MD 21201 | **Please complete, attach supporting documents and forward to:**Human Resource Services620 W. Lexington St. 3rd Floor(410)706-7600 Fax (410) 410-706-8178<http://www.hr.umaryland.edu> | Dept Rep**:** Extension**:** Campus Address**:**  |
|  |
| Empl ID | Job Indicator | Name (First, Middle Initial, Last) | Action | Reason |  Effective Date: |
|  |
| 9 **Employee Class** |
| [ ]  01 Fac Ten[ ]  02 FcNT/TT [ ]  03 FcN/NT  | [ ]  04 GRA [ ]  14 Student NWS [ ]  14W Student WS  | [ ]  15 Librarian[ ]  16 Student NWS Grad [ ]  16W Student WS Grad  | [ ]  19 Trainee/PostDoc [ ]  20 NEX Regular [ ]  22 NEX C2  | [ ]  31T NEX C1 [ ]  33 EXM Regular [ ]  34 EXM C1T  | [ ]  35 EXM C2 [ ]  36 FAC C1 T  |
|  |
| Job Data |
| Department Code | Department Name | Job Code | Job Title |
| Comp Rate Code | Comp Rate (Annual Salary) |  Comp Rate (Biweekly) **$ 0.00** |  Comp Rate (Hourly) |
|  Comp Rate Code | Comp Rate  |  Comp Rate Code |  Comp Rate |
|  Comp Rate Code  |  **Comp Rate** | 77 Total Annual **$ 0.00** | 78 Total Biweekly **$ 0.00** |
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| --- |
| **Comments:** |
|  |
| Approvals |
| Department - Name: (Please type or print) | Signature | Date | Phone |
| Department - Name: (Please type or print) | Signature | Date | Phone |
| Dean’s Office, if applicable – Name (Please type or print)  | Signature | Date | Phone |

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| **HR Service Center**  |
| Data Entry By |  Date |  | Audited by |  Date |
|  Comments: |