



DEMOGRAPHICS:

01	Employee Name (Last, First, MI, Suffix)*	Gender*	Social Security Number*	Date First Hired*	Latest Start Date*	Birth Date*		
	Visitor, Jane	F	888-99-7000	01-Sep-2016	01-Sep-2016	14-Feb-1972		
02	Marital Status*	Disability Type	Ethnic Origin	Nationality (Citizenship)*	I-9 Status*	I-9 Expiration Date	Visa Type	Visa Number
					N			
03	Education	Institution	CPI/Expertise	Veteran Status	On Military Service	Union Information Bargaining Unit	Union Member	Date Entered Union
					☐ Y ☐ N		☐ Y ☐ N	

ADDRESS:

04	Street*	City*	State*	Zip Code*
	234 Crystal Lane, Apartment 1	Pittsburgh	PA	15242
05	Home Telephone (Area Code)	Directory Print	University Telephone (Area Code)	
	412-462-4260	☐ Y ☐ N	412-624-4260	

ASSIGNMENT DETAILS:

06	Job (Type, Family, Classification)*	Position (Department Code, Working Title, Unique ID)				
	Non-Employee. Visitor. Visitor					
07	Organization (Department Name)*	Location (Building, Abbreviation, Room Number)	Pay Year Type	Campus	UPP	UDHS
	History	WWPH-3702	12/12 - Annual	Pittsburgh	☐	☐
08	Assignment Effective Date	Assignment Category*	Payroll*	% of Effort*	CDC Code*	Staff Work Months
	01-Sep-2016	Volunteer				
09	Assignment Status (Employee)	Leave Type	Total Leave Period	Paid Leave Portion	Unpaid Leave Portion	
	Volunteer (Unpaid)		First Day Last Day	First Day Last Day	First Day Last Day	

ADDITIONAL JOB INFORMATION:

10	Job (Type, Family, Classification)	Organization	Start Date	End Date

SALARY INFORMATION (WAGE):

11	Salary Effective Date*	Salary/Hourly Rate*	Annual Salary	Reason	Earning Element Name	Amount	Start Date	End Date
12	Earning Element Name	Amount	Start Date	End Date	Earning Element Name	Amount	Start Date	End Date
13	Earning Element Name	Amount	Start Date	End Date	Earning Element Name	Amount	Start Date	End Date

END EMPLOYMENT:

14	Primary Termination Reason:	Secondary Termination Reason:	Last Day Worked	Accrued Vacation Hours	Accrued Sick Days (if Eligible)	Recommendation for Rehire
						Staff Only ☐ Y ☐ N ☐ Not in this department

COSTING INFORMATION:

15	Account Number*	Entity	Department	Subcode	Purpose	Project	Reference	Future	Cost Share?	Activity Code	Percent
								00000			
								00000			
								00000			
								00000			
								00000			
								00000			

FACULTY DETAILS:

16	Faculty Contract Begin Date	Faculty Contract End Date	Faculty Contract Salary	Tenure Status	Date Entered Stream	Tenure Stream Transfer	Date Left Tenure Stream
	01-Sep-2016	30-Sep-2016					
17	Date Return to Tenure Stream	Date Awarded Tenure	Member Graduate Faculty	Joint Appointment	English Language Fluency	Faculty Emeritus	
			☐ A ☐ M ☐ N	☐ Y ☐ N		☐ Y ☐ N	
Preparer (Please Print)							Ext.
Department Chair or Supervisor							Date
Department Chair or Supervisor							Date
Administrative Approver							Date
Administrative Approver							Date

REMARKS

PROCESSING INFORMATION

Initials Date

Department

Entered into Oracle ☐

Pay Adjustment Required ☐

PAYROLL ONLY

Initials Date

Pay Adjustment Complete ☐