



PAYROLL ACTION FORM – B
(Bi-weekly Payroll Action)

THE UNIVERSITY OF LOUISIANA AT MONROE
The Department of Human Resources
Administration 1-106

Name: _____

Effective Date: _____

Social Security No.: _____

Salary Rate: _____

Address: _____

Position Title: _____

Full/Part-time: _____

Percent of Time: _____

New Position Vacant Position

Previous Incumbent: _____

EEO REQUIREMENTS

Date of Birth: _____ Gender: _____

Ethnic: Hispanic or Latino
 Non-Hispanic or Non-Latino

Race: (Please check all that apply)

White American Indian/Alaskan Native
 Asian Black or African American
 Native Hawaiian or Other Pacific Islander
 Other _____

Type of Action:

- New Appointment
- End of Temporary Appointment
- Termination
- Resignation
- Promotion
- Other _____

Type of Appointment:

- Probational (Regular)
- Provisional (Temporary)
- Job (Temporary)
- Restricted (Temporary)
- Other _____

Remarks: _____

Department: _____

Budget Account Code (s): _____

Requesting Agent: _____
(Please type or print name)

Approving Agent: _____
(Please type or print name)

(Signature)

(Date)

(Signature)

(Date)

ROUTING	PAYROLL USE ONLY
From: Requesting Agent to Approving Agent From: Approving Agent to Human Resources	Enter By: _____ Date: _____

For Human Resources Use Only

EEO Occupation: _____

EEO Function: _____

Position Code: _____