



PAYROLL ACTION FORM – I
(Casual Wage)

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

Name: _____

Effective Date: _____

Social Security No.: _____

Ending Date: _____

Address: _____

Salary Rate: _____

Salary Rate Period: _____

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 _____

Action

New Appointment

Reappointment

Termination

Resignation

Other _____

Position Title: _____

Academic Rank: _____

Full/Part-Time: _____

Percent of Time: _____

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 Budget Office	Entered By: _____ Date: _____

For Human Resources Use Only		
EEO Occupation:	EEO Function:	Position Code:
<input type="checkbox"/> FLSA: Exempt	<input type="checkbox"/> FLSA: Non-Exempt	