

# Student Success and Well-Being

## Human Resources Action Form

\_\_\_\_\_ Full Name      \_\_\_\_\_ Employee ID (if applicable)      \_\_\_\_\_ Current Supervisor      \_\_\_\_\_ Organizational Assignment

### New Hire

Are they an international student on a F-1 Visa?      Yes      No      Will they need a background check?      Yes      No

How many hours a week are they working? \_\_\_\_\_      Salary / Hourly rate: \_\_\_\_\_

Do they have a relative who is an UCF employee?      Yes      No

Are they a current employee?      Yes      No      Cost Center (ex. CC 5 digits): \_\_\_\_\_

Position Title: \_\_\_\_\_      Work Tag (if applicable): \_\_\_\_\_

Employee Type: \_\_\_\_\_      Work Tag (if applicable): \_\_\_\_\_

Effective Date: \_\_\_\_\_

End date / Graduation date (if applicable): \_\_\_\_\_

*Resignation form will still be required, on this date you will receive a reminder notification*

**Department representative's signature**

### End Job

Last day worked \_\_\_\_\_      Are they eligible for rehire? \_\_\_\_\_

Voluntary \_\_\_\_\_      Position number \_\_\_\_\_

Involuntary \_\_\_\_\_      Are they staying at UCF?      Yes      No

*Attach resignation letter and termination paperwork*

### Job Change

What do you want to do? \_\_\_\_\_

Who will be the manager after the change? \_\_\_\_\_

New salary or hourly rate (if applicable): \_\_\_\_\_

Cost Center (if applicable): \_\_\_\_\_

Effective date: \_\_\_\_\_

Work Tag (if applicable): \_\_\_\_\_

Work Tag (if applicable): \_\_\_\_\_

Additional details or justification:

**Department representative's signature**