

Student Success and Well-Being

Human Resources Action Form

_____ Full Name Employee ID (if applicable) Current Supervisor Cost Center

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 _____

Involuntary _____

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