



**THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
DEPARTMENT OF HUMAN RESOURCES – PERSONNEL ACTION REQUEST**

DATE:		EMPLOYEE #:	
DEPARTMENT:		NAME:	
CHANGE TYPE:		EFFECTIVE DATE:	

	-----FROM-----		-----TO-----	
Pay Source #(s) Level 1 position first				
	Pos #	FTE	Pos #	FTE
Lawson Position #(s) Level 1 position first	1		1	
Level 2	2		2	
Level 3	3		3	
Job Title(s) Level 1 position first	1		1	
Level 2	2		2	
Level 3	3		3	
Pay Rates(s) Level 1 position first	1	\$	1	\$
Level 2	2	\$	2	\$
Level 3	3	\$	3	\$

REASON FOR ACTION/REMARKS:

APPROVALS	
PREPARED BY (Name & UMC EE #)	DATE
Grant Investigator	Date
Department Head	Date
Director, University Hospital	Date
Dean of School	Date
Vice Chancellor	Date
Chief Human Resource Officer	Date
Director of Budgets/ Institutional Resources	Date

OTHER PAR COMMENTS