Mississippi State University **Employment Action Form (EAF)**

Complete an EAF for all payroll actions, except redistribution of funds or requests for additional pay which are completed on separate forms. For additional information go to www.hrm.msstate.edu

Section I: Employee Information

a. **SSN:** _____

Name: _____
(First, Middle, Last Suffix)

Title(s): _____

Home Org. Name: _____
Home Org. Number: _____

Time Sheet Org. Name: _____
Time Sheet Org. Number: _____

Check Address: _____

b. FTE: ☐ Full-time ☐ Part-time **%** _____

☐ 9-month ☐ 12-month

Rate of Pay: _____
(List annual or hourly rate as appropriate)

Section II: Transaction Information

c. **Effective Date of Action:** _____

d. Check type of action:

☐ New hire
☐ Rehire
☐ Rehire of Retiree
☐ Reappointment/extended appt.
☐ Transfer from another department
☐ Transfer from other state agency (list agency name below)

_____

☐ Sabbatical Leave (full pay)
☐ Sabbatical Leave (partial pay)
☐ Return from leave
☐ Status change

e. Check type of appointment:

☐ Regular ☐ Student
☐ Time-limited ☐ Graduate Assistant
☐ Intermittent
☐ Temporary _____
Ending Date Required

A separation EAF is not required for a Temporary appointment.

Section III: Status Changes

f. Check appropriate type of change:

☐ Title ☐ Name ☐ Position No. ☐ Pay ☐ FTE

From: _____

To: _____

g. Leave of Absence Without Pay:

☐ Long term leave of absence (without pay)
☐ Short term leave of absence (w/o pay) _____ hrs.
(# hours used)

_____ _____
Beginning date **Ending Date**

h. Check type of separation:

☐ Transferring to another dept. ☐ Layoff
☐ Resignation ☐ Death
☐ End of appointment ☐ Involuntary Separation
☐ Position Discontinued (Attach letter)
☐ Retirement

Section IV: Accounting Distribution

Position # & Suffix	Account Name	Fund	Org	Account	Program	Activity	Position Class #	Semi-monthly or hourly rate	Annual Rate	Work- load %	*Balance to be Paid (Optional)*
Pay	***hours of separation leave***	***(HRM use only)***					**Totals**	$0.00	$0.00	0.00%	$0.00

Prepared by:
Name: _____
Phone: _____ Mail Stop _____

Processed Budget	Processed HRM

REQUIRED ATTACHMENTS FOR NEW HIRES:

Position Approval Request Form — Letter of Offer/Acceptance
Personal Demographic Data sheet — Application (except for student positions)
Employment Eligibility (I-9) — Tax Forms

For Executive, Administrative, Managerial, Faculty, or Professional positions also include:

Original Official Transcripts — Resume
Two letters of recommendation (faculty and student affairs' positons only)

Refer to Hiring Tool Kit for additional information www.hrm.msstate.edu

Approval Signatures: Date:

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