## **New Hire Personnel Action Form**

Vanderbilt University Medical Center

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Employee Information:			Department Inf	ormation:						
			Home Department:							
Name:			PAR Responsib	le:						
			Location:							
Candidate ID:			-							
			Initiator:				Phone:			
Employee - Current Information			Employee - Nev	w Information Action:	Reason:					
Address:				Action.						
City:		State:	Effective Date:							
Country:		Zip:	Postion Numbe	er:						
Home Phone:		Sex:	Job Code:			VMG	D v/	N /\/L1		
Marital Status:	Birth	h Date:	Home Dept ID:					4/ VU		
Citizenship Status:			Pay Group:			Mail Drop:				
Email:			Standard Hours:			Standard Shift:				
SSN:			Comp Frequency:			Comp Rate:				
			Benefits Salary	у:		Shift 2:		Shift 3:		
Comment:										
			Employee Kronos Timekeeping - New Information							
			Kronos Code:							
						<b>.</b>				
Employee Distribution - Current Information			Employee Dist	ribution - New	Information					
				C	Center			Job Code Percent		
Cost Sharing:										
Approval Signatures										
				Signature/Date:						
			Signature/Date:							
			Signature/Date:							
			Signature/Date:							
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