



Personnel Request Form

School of Medicine

Office of Medical Education
Undergraduate Medical Education (UME) Business Office

DATE: _____

INDEX TO BE CHARGED: _____

REQUESTOR: _____

ACCOUNT (subject to change): _____

DEPARTMENT: _____

EPAF NEEDED: (See attached for description of EPAF entries)

CONDAT	Change to Contract Dates
LABOR	Account Distribution
ORGCDS	Check - Home - Timesheet Orgns Codes
ID	Biographical and Address Information
CAMPUS	Campus Address Information
JOBDTL	Change in Job Assignment Detail
HR-DTL	Change in Hourly Job Assignment Detail
NEWPOS	New Hire or Assign to New Position Number or Suffix
AT-POS	Create New Attachment

HIAPP	New Hire	MONOV	Money Over Payment
HIREA	Rehire	MONUN	Money Under Payment
RENEW	Renewal of Appointment	PAAMO	Change in Amount per Term
ADDIT	Additional Service Assignment	CJPRO	Promotion
RCLAS	Reclassification	DCCOR	Data Correction
CHAPP	Change Appointment Percent	CHSYR	Change in Service Year
PASAL	Salary Adjustment	TERMI	Termination of Assignment

PLEASE ATTACH OR SUBMIT SUPPORTING DOCUMENTATION - SEE ATTACHED CHECKLIST

NOTES:

FOR UME BUSINESS OFFICE USE ONLY

Transaction #: _____

Requisition/PO #: _____

Date of order request received: _____

Expected date of delivery: _____

Requested date of delivery: _____

Date of Completion: _____

UME Business Office Approval: _____