

# PERSONNEL ACTION AUTHORIZATION

<b>Employee Identification</b>  <input type="checkbox"/> Name  <input type="checkbox"/> Address Change  <input type="checkbox"/> Other	Employee No.	Name Last      First      Middle			SS#
	Mailing Address			Phone	Date of Birth
	City		State	Zip	Campus
	Marital Status <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D		Sex	Race	Highest Degree
<b>Emergency Notification</b>	Name		Relationship		Phone