

State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. Contact: (713) 677-7733.

**Texas A&M Health Science Center
Institute of Biosciences and Technology
Human Resources Action Form**

Date: _____
 Dr. Mr. Mrs. Ms. **Last:** _____ **First:** _____ **MI:** _____
UIN# _____ **Department/Center** _____

Effective Date: _____ **New Hire** **Change** **Resignation** **Termination**
RESIGNATION/TERMINATIONS – Please note: **Employee must complete clearance procedures** in accordance with established Human Resources Guidelines prior to or on the last day of employment.

★ **Position Title:** _____ **Title Code:** _____ **Percent Effort:** _____
★ **Salary:** _____ **Hr.** **Mo.** **Annual Salary:** _____
★ **Is this a new position?** **Yes** **No** **Beginning date:** _____
★ **Is this a replacement position?** **Yes** **No** **If so, for whom?** _____
★ **Is employee transferring in?** **Yes** **No**
★ **Reason for separation:** _____

Statement of proposed change / justification (Give full details):

Account Number (s)	Payroll Date (Based on 9/1/____ - 8/31/____)	Encumbrance Dates (Grant Period)	Percentages
			%
			%
			%
			%

<i>For Administrative Use only:</i>	PIN# _____	Transfer from PIN# _____	F500R entered Manual Encumb. _____
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APPROVALS: This is a necessary position and funds are available in account (s) listed.

Department / Center Supervisor

Business Office (account verification)

Human Resources Officer

Director of IBT (signature required for terminations)