

**BARUCH COLLEGE FUND  
Personal Action Form**

1 Bernard Baruch Way Box D-0601, New York, NY 10010 (646) 660-6667

**Section 1. To be completed & signed by employee. Please print clearly.**

Social Security Number: 

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Last Name (Your name as recorded with the Social Security Administration) \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Legal Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Immigration Status:**

Are you authorized to work in the U.S?  Yes  No

U.S. Permanent Resident (Alien Registration I-551 Card#) A- \_\_\_\_\_ Date Obtained: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

If Other, Please Specify TYPE of VISA: \_\_\_\_\_ Date Obtained: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Section 2. To be completed & signed by employer. Please print clearly.**

Payroll Title: \_\_\_\_\_

ACTION		SPECIAL	
<input type="checkbox"/> New Hire	<input type="checkbox"/> Change in Hours	<input type="checkbox"/> Salary Supplement (Academic)	<input type="checkbox"/> Summer Academic Salary
<input type="checkbox"/> Re - Hire	<input type="checkbox"/> Account Change	<input type="checkbox"/> Salary Supplement (Administrative)	<input type="checkbox"/> One-Time Payment
<input type="checkbox"/> Change In Rate	<input type="checkbox"/> Other: Specify in Comment Area	<input type="checkbox"/> Full Time Student	<input type="checkbox"/> Other: Specify in Comment Area

ACCOUNT NUMBER	ACCOUNT NAME	START DATE	END DATE	RATE OF PAY	TOTAL TIME	TOTAL SALARY
				<input type="checkbox"/> BIWK <input type="checkbox"/> HOUR	x	=
				<input type="checkbox"/> BIWK <input type="checkbox"/> HOUR	x	=
				<input type="checkbox"/> BIWK <input type="checkbox"/> HOUR	x	=

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_

**For Office Use ONLY  
Forms Attached**

W-4 Form  
 I-9 Form  
 8233 Form  
 IT-2104 / 2104-E  
 SS# Copy  
 IDs Copies  
 VISA Copies  
 On Campus Employment Authorization Form/Card  
 Direct Deposit  
 \_\_\_\_\_ # Timesheets

Notes: \_\_\_\_\_

**Separation:**  Resignation  Termination  End of Assignment

Reason for Termination: \_\_\_\_\_

Account: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_ Last Day Paid: \_\_\_\_\_

	Project Approval	BCF Controller	Payroll
Title			
Print Name			
Signature			
Date			