

POI (Person of Interest) Personnel Action Form

CFPN

POSITION INFORMATION

Job Code Number: _____

Department Number: _____

Functional Title: _____

Full- or Part-Time: _____

Reports-To Pos Number: _____

Company: _____

EMPLID

PERSONAL INFORMATION

Last Name: _____

First Name: _____

SSN: _____

Date of Birth: _____

Address: _____

City: _____

State: _____

Zip Code: _____

E-mail Address: _____

APPOINTMENT INFORMATION

Job Action Type: _____

Paychecks From: _____

Date Appointment Start: _____

Date Appointment End: _____

Hourly Rate(if teaching): _____

Total Hours(if teaching): _____