



**COLUMBIA UNIVERSITY
PERSONNEL ACTION FORM**

EFF. DATE 1. 04/1/2005	ACTION XFR	REASON LAT	DATE SUBMITTED
2.			ADMIN. DEPT. CODE 5270000 5560000 SOCIAL SECURITY NO. 123-45-6789
3.			ADMIN. DEPT. NAME Medicine Pediatrics WORK LOC. 2 - Med Center

EMPLOYEE ID **100004021**
 NAME Prefix **Dr - Doctor** Suffix
 Last, First Middle
Wonka, Willy

PHONE and CONTACTS	OVERALL STATUS
OFF. PHONE 212-305-1234 212-305-1255	CU EMP. STATUS Active PAY FREQ. Monthly
RES. PHONE 212-665-1754	STATUS EFF. DATE 7/1/1999 FLSA
FAX	ORIGINAL HIRE DATE 7/1/1999 CU OVERALL FT/PT STATUS Full-Time
PRIMARY E-MAIL	SERVICE DATE 7/1/1999 TOTAL BASE SALARY \$ 65,000

OFFICE ADDRESS Dept. of Medicine PH8-125 Dept. of Pediatrics BHN 4-432	HOME ADDRESS (Permanent)	MAILING ADDRESS (Current)
CITY STATE/ZIP	CITY STATE	CITY STATE
COUNTRY CHK SEQ CD 10025 30010	COUNTRY ZIP	COUNTRY ZIP

PERSONAL	WORK ELIGIBILITY	EDUCATION	TENURE INFORMATION
SEX Male BIRTH DATE 07/08/1961	U.S. CITIZEN Yes	HIGHEST DEGREE M - Doctor of Medicine	TENURE STATUS Other Not Tenured
ETHNICITY / RACE 1 - White	VISA TYPE	INSTITUTION Columbia University	TENURE BEGIN DATE
MARITAL STATUS Married MIL. RPT. STATUS	EXPIRATION DATE	DATE 6/30/1998	
MARITAL STATUS DATE 2/13/2001	PERM RES REG # A:		

COMPLETE UNIVERSITY TITLE

POSITION / SALARY INFORMATION	POSITION STATUS	POSITION TYPE	EMPL REC	NO OF ACTIVE POSITIONS
POSITION NUMBER 123456 10004567		POSITION ENTRY DATE 7/1/1999 4/1/2005	GRADE FAC	
POS. DEPT CODE 5270000 5560000		APPT. TYPE	SALARY PLAN XMPT - Exempt Employee Plan	
POS. DEPT NAME Medicine Pediatrics				
TITLE Assistant Professor of Clinical				
COMP. RATE \$ 65,000 16,500	APPT./COMP. RATE EFF. DATE 7/1/2004 4/1/2005	APPT. / COMP. RATE END DATE 6/30/2005		
SALARY TYPE CNTRCT (Contract)		ANNUAL RATE \$ 65,000 66,000		
PAY FREQUENCY RATE 5416.67 5,500				
FLSA Exempt FT/PT Full Time	HOURS/WEEK 35	HOURLY RATE		
SHIFT	HOURLY SHIFT AMOUNT	ANN'L SHIFT AMOUNT	BARG. UNIT	PROBATIONARY END DATE
JOB CODE			B.U. SEN. DATE	% EFFORT

TERMINATION / RETIREMENT / LAYOFF	LEAVE OF ABSENCE
ACTION ACTION REASON EFFECTIVE DATE	LEAVE ACTION LEAVE BEGIN DATE
TERM VAC. PAY DAYS: VACATION PAY AMT.	LEAVE END DATE
SEVERANCE PAY AMT. MONTHS WEEKS % OF WEEKS	LEAVE REASON EXPECT RET ACTUAL RET
	PARTIAL PAY <input type="checkbox"/> YES <input type="checkbox"/> NO

AUTHORIZATIONS / APPROVALS			
NAME	DATE	NAME	DATE
TITLE		TITLE	
NAME	DATE	HRPC	DATE
TITLE		TITLE	

COMMENT: