MEMORANDUM

SOUTHEAST MISSOURI STATE UNIVERSITY

TO:        Human Resources

FROM:      CHAIRPERSON’S OR SUPERVISOR’S NAME
           DEPARTMENT

DATE:      DATE

RE:        Personnel Action Needed for EMPLOYEE NAME(S)

Please process the personnel action detailed below. The appropriate signatures have been obtained at the bottom of this request. If you have any questions or need any additional information, please feel free to contact me. Thank you.

REHIRE (Most often used for re-employing a terminated temporary employee)

Employee Name: ENTER NAME
Employee ID: ENTER ID
Employee’s Position #: ENTER EMPLOYEE’S POSITION NUMBER
Effective Date: EFFECTIVE DATE OF THE REHIRE
Action: 00014 (Rehire)
Department Index: ENTER DEPARTMENT INDEX NUMBER
Begin Date: DATE THE JOB BEGINS
End Date: DATE THE JOB ENDS
Requested Pay Rate: ENTER THE PAY RATE REQUESTED, IF KNOWN
Previous Pay Rate: ENTER PREVIOUS PAY RATE
Percent of Full Time: ENTER THE FTE FOR THIS JOB
Index Number(s): LIST THE INDEX NUMBER(S) TO BE CHARGED. IF MORE THAN ONE INDEX LISTED, PLEASE SHOW THE PERCENT ALLOCATED TO EACH INDEX.
Start Date: FIRST DATE CHARGES ARE TO BE MADE TO INDEX
Stop Date: LAST DATE CHARGES ARE TO BE MADE TO INDEX
Explanation: PROVIDE ANY OTHER INFORMATION TO WHICH YOU ARE REQUESTING CHANGES

PREPARED BY:

_____________________________________________  ____________________  
Name (Please Print)       Extension
SIGNATURES:

<table>
<thead>
<tr>
<th>Position</th>
<th>Date</th>
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<tbody>
<tr>
<td>Supervisor</td>
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<tr>
<td>Department Head/Director or Department Chair</td>
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<td>Dean or Administrative Director</td>
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<td>Vice President or Provost</td>
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HR WILL OBTAIN IF NEEDED:

<table>
<thead>
<tr>
<th>Position</th>
<th>Date</th>
<th>Position Number</th>
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<tbody>
<tr>
<td>Equity Issues</td>
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<td>Budget Office</td>
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<td>Grants Officer</td>
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PLEASE MAIL THIS COMPLETED AND SIGNED FORM TO CARMEN MCNEELY, HUMAN RESOURCES, MAIL STOP 3150. THANK YOU!