

Personnel Information Notice



**FAIRLEIGH
DICKINSON
UNIVERSITY**

Effective Date

After PIN has been completed, Printed and saved (if desired), click on the **Red** Clear Form button located on the top right of this page to reset this form to a blank PIN.

Personal New Change

Last Name First Name Mid Employee ID

Address 1 City State Zip Code

Address 2 Phone Number Gender

Ethnic Race

Employment New Change

Job Title Grade GL # Object Code

College/Division Mail Stop Office Extension Campus

Base Salary Months Worked Hours Worked
(This field must be filled out for Part Time Employees)

Classification New Change

Job Type Employee Group Base Period for Salary

Faculty Status Faculty Rank CIP Codes 1

Teaching Discipline

Salary Allocations New Change

Salary \$/% Job GL Number Object Code

Salary \$/% Job GL Number Object Code

Salary \$/% Job GL Number Object Code

Salary \$/% Job GL Number Object Code

Education New Change

Degree Institution Completion Date

Degree Institution Completion Date

Degree Institution Completion Date

Department Head

Dean/Vice President

Campus Provost

CFO & COO

Signed By

Date

Signed By

Date

Signed By Provost

Date

CFO Sign

Date

Supervisor's Name & Mail Stop

COO Sign