

**San José State University  
Employee Profile**

Profile Print Date: \_\_\_\_\_

**Submit Form to:** HR Employee Support Services, Zip 0046

**Questions?** Contact HR Employee Support Services at 924-2250

1- Effective Date	Action*	Reason*	2- Effective Date	Action*	Reason*	3 – Effective Date	Action*	Reason*	4 – Effective Date	Action*	Reason*
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

**\*Action/Reason Codes:** Action/Reason codes must be provided for changes in job data or funding sections. For a list of action reason codes, use the hyperlink. Contact HR for any codes not listed. ([http://my.sjsu.edu/docs/hr/appointment/RG\\_TF\\_Action\\_Reason\\_Codes\\_Short\\_List.pdf](http://my.sjsu.edu/docs/hr/appointment/RG_TF_Action_Reason_Codes_Short_List.pdf))

Employee ID	Rcd#	Employee Name	Employee Status	Original Hire Date
_____	_____	_____	_____	_____

Position No.	Department ID/ Name	Location	Job Code/ Job Code Title	Unit	MPP Job	Date in Job	Reg/ Temp	Full/ Part	FTE	TF- WTU	TF- Fraction
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Empl Class	FLSA Status	Empl Type	Comp Rate	Probation Code	Prob End Date	Annv Code	Annv Date	Appt End Date	Expected Rtn Dt
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Grade/Entry Date	Step/Entry Date	Comp Frequency	Actual Comp	Annual Rate	SSI Counter	Union Code
_____	_____	_____	_____	_____	_____	_____

**Job History**

Effdt	Position	Action/Reason History	Working Title	Dept Name	Time Base	Cntrct#	TF WTU	TF Fract	Actual Comp	Chg Amt	Chg Pct	Comp Rate
Comments (i.e., special compensation instructions):				Current Funding	Dept	Fund	Prog	Class	Pct	Effdt	End Date	Department Name
				Change to	_____	_____	_____	_____	_____	_____	_____	_____

Initiating Official (Please print):	Signature:	Date:	Phone:	Dept Contact (Name/Phone):
				FA Signoff/Date:
Appointing Official (Please print):	Signature:	Date:	Phone:	HR Signoff/Date: