University of Pennsylvania School of Medicine Human Resource Action Request / Financial Review Form

(This form is a supplement to the standard required University of Pennsylvania Human Resources forms required for human resource actions. Please complete this form and attach it in front of the required University of Pennsylvania Human Resource form(s) and any required accompanying documentation before submitting the forms to Human Resources, 118-C Blockley Hall/6021. Questions related to the status of processing of the request should be directed to Human Resources, phone: (215) 898-6405).

1. Department/Center/Instit	ute/Office			
2. Position title (and employ	yee name, if known)			
3. Action requested (check	one):	Required HR forms / documentation		
create new position fill vacant position (rep review salary for potent review position for pose additional pay request acting rate request	tial increase	HR-1, PIQ HR-1, resignation / termination letter justification letter, resume PIQ, resume Additional Pay Form justification letter		
	ication should explain v	the reason for the proposed action in the space below or why this HR action is critical to the mission of the		
5. Amount of annual fundir resource action: \$		salary and employee benefits for the requested human		
6. Source(s) of funding for	amount entered in item	5, above*:		
		\$		
name of funding source	26 digit account num	iber		
		\$		
name of funding source	26 digit account num	iber		
		\$		
name of funding source	26 digit account num			

*Important – Please Note: As part of the HR action review and approval process, School of Medicine Finance will verify the availability of funds for this action in the account(s) listed above. Please be certain that all of your transactions in the account(s) are up-to-date. Also, if any portion of the funding is from a grant that is approaching its end date, please attach the award notification for future years.

Requested HR actions for which funding cannot be verified will not be approved by the School of Medicine. Please take the time now to assure that all documentation needed for the financial verification is in place, in order to avoid unnecessary delays in the processing of the HR action request.

Hiring officer:				
Name (please type or print)	signature	date	phone number	
Principal Investigator (must be completed if po	osition is funded in	any part by	y grants):	
Name (please type or print)	signature	date	phone number	
**********	******	******	*****	
SOM Finance action: funding verified	unable	unable to confirm funding		
Comments:				
Name (please type or print)	signature		date	
SOM Administration action: forward	to HR for action		return to dept.	
Comments:				
Name (please type or print)	signature		date	