

HUMAN RESOURCE ACTION NOTICE

Maine Maritime Academy, Castine, ME 04420

Print or Type all information

Part 1 (To be completed by Department/Division Head)

Name	MMA ID #	Date
Address		Phone
Employment Type ☐ Full time ☐ Part Time ☐ Temporary Until _____	Source ☐ Internal ☐ External	Effective Date
Explain reason for action.		
Position	Position Code	
Account number(s)	Department	

Part 2 (To be completed by Human Resources)

Compensation	Salary Range	Salary Step
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Comments

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Routing and approval

Department Head	Date
Next Level Department Head	Date
Division Head	Date
President's Office	Date
Human Resources Officer	Date
Administrative Officer	Date
Payroll Office	Date

FOR PAYROLL USE ONLY
PAID _____
No. of Pay Periods _____