

Case Western Reserve University School of Medicine
Personal Data (pd) Salary Authorization

Prepared by

Approved by

Empl ID (if already assigned)

User ID (if already assigned)

Action

N-New
C-Change
D-Delete

Last Name

First Name

Middle Name

Gender

Home Street Address

Apt. No.

Home Phone

City

State

Zip Code

Work Phone

Hire Date

Business Title

Department OPR

Department Name

Term Date

GL Pay Type

Annual Rate

Starting/Effective Date

Gross Pay

% FTE

Comments: _____

For use by Office of Faculty Affairs and Human Resources only:

Benelect Eligibility: E (eligible) N (not eligible)