

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

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Prepared by _____

Approved by _____

Social Security Number	Employee ID	Action			
<input type="text"/>	<input type="text"/>	<input type="text"/>	N-New		
			C-Change		
			D-Delete		
Last Name	First Name	Middle Name	Gender	M/S	M/C
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Home Street Address	Apt. No.		Home Phone		
<input type="text"/>	<input type="text"/>		<input type="text"/>		
City	State	Zip Code	Work Phone		
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Hire Date	Business Title	Department OPR	Department Name	Term Date	
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GL Pay Type	Annual Rate	Starting Date	Ending date	Contract Pay Type	Gross Pay
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments: _____
