

Personnel Action Form

Name:       Employee Id:       Effective Date:       (Beginning of pay period)

Reason for Change: [ ] New Hire [ ]  Transfer [ ]  Promotion [ ]  Other:

|  |  |  |
| --- | --- | --- |
| Personnel Action | From: | To: |
| Job Title |       |       |
| Department |       |       |
| Budget AccountList multiple accounts if necessary  |       |       |
| Immediate Supervisor |       |       |
| Type of EmploymentFull-time, Part-time, Temporary\*temporary positions must include dates of assignment |       |       |
| ClassificationFaculty, Adjunct, Administrator, Staff, Work-study |       |       |
| Employment Status: Exempt or Non-Exempt  |       |       |
| Scheduled Hours per week:40, 35, 19, or other |       |       |
| Rate of Paylist biweekly rate for exempt or hourly rate for non-exempt |       |       |
| Expected employment term: 12 months, 9 months, or other |       |       |
| Other |  |  |
| Notes Please include any necessary explanations, including name of employee being replaced for position vacancies. |
| For Non-Faculty |
| Compease Job Grade |       |       |
| For Faculty |
| Contract Start Date |       | End Date |       |
| Degree:Doctoral, Master’s, Bachelor’s, or Associate  |       | Post-grad hours |       |
| Years of Experience |       |
| Level |       | Step |       |
| Supplement 1Description, budget code |       | Supplement 2Description, budget code |       |

Requested by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

 *(Chair, Dean, or Department Manager)*

Director of Human Resources \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Executive Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

President’s Approval *(FT positions)\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_