

Personnel Action Form

Please refer to signature requirements before submitting form to Human Resources.

Effective Date: _____ University ID Number: _____

Last Name _____ Legal First Name _____ Full Middle Name _____ Suffix _____

Job Title: _____ Department Name: _____

New Job Title (if applicable): _____ New Dept. (if applicable): _____

Office Location: _____ Phone Extension: _____

Check all that apply:

Additional Assignment: _____ Pay Increase _____

Promotion _____ Stipend _____

Transfer _____ Other, explain: _____

Type of Position:

- Full-time Faculty 9-month ___ 12-month ___
- Adjunct Faculty
- Full-time Staff
- Part-time Staff, No. of hrs. /wk. _____
- Temporary, ending date _____

Please provide a SPECIFIC EXPLANATION for Personnel Action:

Pay Status: Salaried/Exempt Hourly/Non-exempt

Pay Rate: _____ *If salaried, indicate monthly wage. If hourly, indicate hourly wage.*

If change, former rate: _____ **Note: An increase in the rate of pay requires additional approval.**

Is position new? Yes No Is position in current budget? Yes No

If replacement, name of previous employee & date of termination: _____

Supervisor (Interviewer) Name/Ext: _____

Contingent Timesheet Approver: _____

(To be completed by Supervisor)

Position Number: _____ GL Number: _____

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(Use 2nd position line and GL # if position is split between 2 depts.)

Signature Requirements: All personnel action requests require the appropriate signature approval workflow below:

Hiring Manager/Date: _____

Operational/Grant Budget Approval/Date: _____

Provost (If applicable)/Date: _____

Associate VP-HR. /Date: _____

VP-Finance/Date: _____

HR Processing/Date: _____