

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): _____

Enter all that apply:

Additional Assignment: _____ Pay Increase: _____
 Promotion: _____ Stipend Amount: _____
 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 annual wage. If hourly, indicate hourly wage.*
 If change, former rate: _____ **Note: An increase in the rate of pay requires additional approval.** Is position in current budget? Yes No
 Is position new? Yes No

Supervisor (Interviewer) Name/Ext: _____

Alternate Timesheet Approver: _____

(To be completed by Supervisor)

GL Number: _____

GL Number: _____

(Use 2nd 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/Executive Staff/Date: _____

Associate VP-HR. /Date: _____

VP-Finance/Date: _____

HR Processing/Date: _____