

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 Account  List multiple accounts if necessary | |  |  |
| Immediate Supervisor | |  |  |
| Type of Employment  Full-time, Part-time, Temporary  \*temporary positions must include dates of assignment | |  |  |
| Classification  Faculty, Adjunct, Administrator, Staff, Work-study | |  |  |
| Employment Status: Exempt or Non-Exempt | |  |  |
| Scheduled Hours per week:  40, 35, 19, or other | |  |  |
| Rate of Pay  list 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 1  Description, budget code |  | Supplement 2  Description, budget code |  |

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

*(Chair, Dean, or Department Manager)*

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

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

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