

PLEASE TYPE

PERSONNEL ACTION REQUEST

SECTION A

**TYPE OF ACTION:** \*(Explain in Comment section below & attach documentation. Requires President's Signature.)

|  |   |                                     |                                       |                                       |
|--|---|-------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> NEW HIRE*     | <input type="checkbox"/> RE-CLASSIFICATION* | <input type="checkbox"/> PROMOTION* | <input type="checkbox"/> TRANSFER IN  | <input type="checkbox"/> ONE TIME PAY |
| <input type="checkbox"/> RE-HIRE       | <input type="checkbox"/> OVERLOAD           | <input type="checkbox"/> DEMOTION*  | <input type="checkbox"/> TRANSFER OUT | <input type="checkbox"/> LEAVE*       |
| <input type="checkbox"/> REAPPOINTMENT | <input type="checkbox"/> STIPEND            | <input type="checkbox"/> OTHER      | <input type="checkbox"/> SEPARATION   | <input type="checkbox"/> LONGEVITY    |

SECTION B

**P**  DR.  MISS  
 MR.  MS  
 MRS.

Employee ID #: \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

EMPLOYING DEPT. NAME \_\_\_\_\_

| FUNDING DISTRIBUTION OF POSITION |   |                    |                        |          |
|----------------------------------|---|--------------------|------------------------|----------|
| ACCOUNT / INDEX                  | % | AMOUNT OF POSITION | BEGIN DATE OF POSITION | END DATE |
|                                  |   |                    |                        |          |
|                                  |   |                    |                        |          |
|                                  |   |                    |                        |          |

DEPT ORG CODE \_\_\_\_\_

DIVISION # \_\_\_\_\_

BOX # \_\_\_\_\_

PHONE # \_\_\_\_\_

JOB TITLE \_\_\_\_\_

POSITION # \_\_\_\_\_

SECTION C

| ASSIGNMENT START DATE | ASSIGNMENT END DATE | PAY TYPE       | **MONTHLY RATE                              | CONTACT PERIOD  | FTE   |
|-----------------------|---------------------|----------------|---|---|---|
|                       |                     | Total Contract | TOTAL CONTRACT<br>$\div$<br>Contract Period | <input type="checkbox"/> 12 MONTHS<br><input type="checkbox"/> 9 MONTHS<br><input type="checkbox"/> 4 MONTHS<br><input type="checkbox"/> 2 MONTHS<br>_____ MONTHS | (Only for Faculty and Staff)<br><br>_____ % |
|                       |                     | Hourly Rate    |   |   |   |
|                       |                     | One Time Pay   |   |   |   |
|                       |                     | Longevity      |   |   |   |

SECTION D

| LEAVE   | LEAVE START DATE | TYPE OF LEAVE CODE | <input type="checkbox"/> RETURN FROM LEAVE | DATE RETURNED FROM LEAVE |
|---|------------------|--------------------|--|--------------------------|
| <input type="checkbox"/> BEGIN LEAVE with PAY<br><input type="checkbox"/> BEGIN LEAVE without PAY |                  | (See Instructions) | (Attached Documentation)                   |                          |

SECTION E

| SEPARATION (F3.6 "Sick Leave & Vacation Report" & Resignation Letter must be attached)  | LAST DAY WORKED | REASON FOR SEPARATION |
|---|-----------------|-----------------------|
| <input type="checkbox"/> RESIGNATION (100) <input type="checkbox"/> RETIREMENT (400)<br><input type="checkbox"/> INVOLUNTARY SEPARATION (200) <input type="checkbox"/> DEATH (500)<br><input type="checkbox"/> TEMPORARY ASSIGNMENT (300) |                 |                       |

SECTION F

| COMMENTS/NOTES/SPECIAL INSTRUCTIONS/WORK SCHEDULE | PAYROLL   |
|---|---|
|   | ACCRUE HOURS <input type="checkbox"/> Yes <input type="checkbox"/> No      DEFAULT HOURS _____<br>PAYROLL# _____      ASSIGNMENT# _____ |

SECTION G

| FINANCIAL AID   | HUMAN RESOURCES  |
|---|--|
| <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> CAMPUS <input type="checkbox"/> NONE<br>HOURS ENROLLED _____<br>AMOUNT _____ | TERM VAC HOURS _____      EARNINGS CODE _____<br>COMP TIME _____      IPEDS <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION H

| DEADLINES:   |      |
|--|------|
| ACCOUNT MANAGER                                      | DATE |
| DEAN OR DIRECTOR                                     | DATE |
| VICE PRESIDENT                                       | DATE |
| FINANCIAL AID (For Students Only)                    | DATE |
| HUMAN RESOURCES                                      | DATE |
| OFFICE OF THE PRESIDENT (New Hires and Changes Only) | DATE |
| BUDGET   | DATE |
| PAYROLL  | DATE |

STUDENT/HOURLY 20<sup>th</sup>

FACULTY/STAFF And ONE TIME PAY 15<sup>th</sup>

WHITE (original signatures) - Human Resources      YELLOW - Payroll Office      PINK - Department