



# Personnel Action Request Form

**Please complete this form for all changes in status, including terminations, and attach any supporting documentation, including position descriptions or letters of resignation.**

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Current Information	New Information
Position Title: _____	Position Title: _____
Department/Division: _____	Department/Division: _____
Location: _____	Location: _____
Annual Salary: \$ _____	Annual Salary: \$ _____
Rate Per Month/Hour: \$ _____	Per Month/Hour Rate: \$ _____
Budget Code: _____	Budget Code: _____
Status: <input type="checkbox"/> Exempt <input type="checkbox"/> Hourly <input type="checkbox"/> Fulltime <input type="checkbox"/> Part time	Status: <input type="checkbox"/> Exempt <input type="checkbox"/> Hourly <input type="checkbox"/> Fulltime <input type="checkbox"/> Part time
Months: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Months: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
<b>Comments:</b>  	<b>Comments:</b>  

**Action Taken:** *Select the appropriate action for employee:*

- Promotion     Demotion     Stipend     Absence / Leave     Separation  
To be replaced?  
Yes  No
- Other (explain) \_\_\_\_\_

**Classification:** *Select the appropriate classification for employee:*

- Administration     Staff     Faculty     Adjunct/Part-time     Grad Assistant  
 Other (explain) \_\_\_\_\_

Grant Fund #: \_\_\_\_\_ Grant Name: \_\_\_\_\_

**Approvals / Signatures Required:**

Supervisor	Date	Division Vice President / President	Date
Director of Human Resources	Date	Vice President of Finance & CFO	Date

**HR Use Only:**  
 NuView / CORT     Letter     Copy to File