

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
Comments: 	Comments:

Action Taken: *Select the appropriate action for employee:*
 Promotion Demotion Stipend Absence / Leave Separation
 Other (explain) _____ To be replaced?
Yes No

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