

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
 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 _____

Dean _____ Date _____ Vice President of Finance & CFO _____ Date _____

Director of Human Resources _____ Date _____

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