

PERSONNEL ACTION FORM

Date _____

EMPLOYMENT: New Hire Transfer Rehire Reappointment Reclassification

CHANGE IN: Rate of Pay Scheduled Hours Title Grade Other _____

OTHER: One-time Payment Return from Leave of Absence Other _____

PAY METHOD: Full Time Part Time / Semi-monthly Bi-weekly (timesheets) Unpaid

EMPLOYMENT INFORMATION

Employee ID Number: _____

Name _____
Last First Middle

Location: Room _____ Bldg _____ Phone _____

Regular Casual/On-Call Temporary until _____ E-mail _____

Hrs/Wk _____ Wks/Yr _____ Months/Yr _____ Hrs/Yr _____ FTE _____

| | |
|----------------------|--------------------|
| Title/Rank _____ | Position No. _____ |
| Budget Org. _____ | Name _____ |
| Mail Org. _____ | Name _____ |
| Effective Date _____ | End Date _____ |

| | | | | |
|-----------------------|-----------|----------------------------|-----------|--|
| New Rate of Pay _____ | Per _____ | Previous Rate of Pay _____ | Per _____ | |
|-----------------------|-----------|----------------------------|-----------|--|

CHARGE TO:

| | | | | |
|-------------|---------------------|----------------|----------------|----------|
| <u>Fund</u> | <u>Organization</u> | <u>Account</u> | <u>Program</u> | <u>%</u> |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

(If more, attach additional page)

Comments (Include Budget Change Information)

DO NOT FILL IN SHADED AREAS

| | | | | |
|----------------|-------------------|---------------------|--|----------------|
| Employee Class | Benefits Category | Pay Frequency | Current Hire Date | Pay Factor |
| Seniority Date | Job Date | Benefits Elig. Date | Original Hire Date | Number of Pays |
| Earn Code | Change Reason | Adj. Service Date | Primary Assignment <input type="checkbox"/> Yes <input type="checkbox"/> No | |

APPROVALS:

| | |
|--|--|
| <p>_____ DD-MON-YR Supervisor/Manager</p> <p>_____ DD-MON-YR Department Mgr/Director</p> | <p>_____ DD-MON-YR Vice President</p> <p>_____ DD-MON-YR President</p> <p>_____ DD-MON-YR Human Resources</p> |
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