



PERSONNEL ACTION FORM

* Required Fields

Preparing people to lead extraordinary lives

* Employee Name _____ Employee # _____

MANAGER SECTION

* Effective Date _____ * Action Code _____ Manager Name _____

New Hire/Change Action Reason _____ Termination Action Reason _____ Eligible for rehire? _____

New/Current Information	Proposed Changes
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Position Title _____
 Department _____
 Campus _____ Weekly Hours _____
 Pay Rate _____ Stipend Rate _____
 Stipend _____
 Effective Date _____ End Date _____

Position Title _____
 Department _____
 Campus _____ Weekly Hours _____
 Pay Rate _____ Stipend Rate _____
 Stipend _____
 Effective Date _____ End Date _____

Accounting Unit	Account	Percent
Total (must equal 100%)		

Please note: All grant funded positions require SPA approval.

Accounting Unit	Account	Percent
Total (must equal 100%)		

HUMAN RESOURCE SECTION

Status _____ Work Location _____
 Position _____ Job Code _____ Pay Plan _____
 Process Level _____ Schedule, Grade _____ Exempt _____
 Salary Class _____ Pay Frequency _____ Annual Hours _____ FTE _____

COMMENTS

APPROVALS

Involuntary Term Approval

* Department Signature

SPA * For Grant Funded Positions

Human Resources