



Personnel Action Form

Employee ID No:	Name:
Position No:	Title:
Effective Date:	Department:
Classification (Check One): <input type="checkbox"/> Administrator <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student Worker <input type="checkbox"/> Temporary <input type="checkbox"/> Other: _____ Full-Time Equivalency: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time:% <input type="checkbox"/> Adjunct FLSA Classification (Check One): <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	Action (Check One): <input type="checkbox"/> New Hire/Transfer Reports To: _____ New Dept. : _____ <input type="checkbox"/> Change in Pay <input type="checkbox"/> Change in Classification <input type="checkbox"/> Change in Benefit Eligibility <input type="checkbox"/> Job Title Change <input type="checkbox"/> Leave of Absence – Paid <input type="checkbox"/> Leave of Absence – Unpaid <input type="checkbox"/> Return from Leave <input type="checkbox"/> DWC Claim <input type="checkbox"/> PT/OL (Teaching) <input type="checkbox"/> Additional Pay (Non-Teaching/Not Contract) <input type="checkbox"/> Other: _____
Rate of Pay: \$ _____	Per (Check One): <input type="checkbox"/> Calendar Year <input type="checkbox"/> Month <input type="checkbox"/> One-time <input type="checkbox"/> Academic Year <input type="checkbox"/> Hour

Account:	Dept. Number:	Restricted Fund/Grant:	Percentage:

Comments:

Approvals:

Supervisor : _____	Date: _____
Appropriate Vice President or Dean: _____	Date: _____
President : _____	Date: _____

Human Resources Only

HR/PYR Status:	Signature: _____ Date: _____
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