

## Personnel Action Form

Please refer to signature requirements before submitting form to Human Resources.

Effective Date: \_\_\_\_\_ University ID Number: \_\_\_\_\_

Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Full Middle Name \_\_\_\_\_ Suffix \_\_\_\_\_

Job Title: \_\_\_\_\_ Department Name: \_\_\_\_\_

New Job Title (if applicable): \_\_\_\_\_

**Enter all that apply:**

Additional Assignment: \_\_\_\_\_ Pay Increase: \_\_\_\_\_  
 Promotion: \_\_\_\_\_ Stipend Amount: \_\_\_\_\_  
 Transfer: \_\_\_\_\_ Other, explain: \_\_\_\_\_

**Type of Position:**

- Full-time Faculty 9-month \_\_\_\_ 12-month \_\_\_\_
- Adjunct Faculty
- Full-time Staff
- Part-time Staff, No. of hrs. /wk. \_\_\_\_\_
- Temporary, ending date \_\_\_\_\_

**Please provide a SPECIFIC EXPLANATION for Personnel Action:**


Pay Status:  Salaried/Exempt  Hourly/Non-exempt  
 Pay Rate: \_\_\_\_\_ *If salaried, indicate annual wage. If hourly, indicate hourly wage.*  
 If change, former rate: \_\_\_\_\_ **Note: An increase in the rate of pay requires additional approval.**  
 Is position new?  Yes  No **approval.** Is position in current budget?  Yes  No

Primary Supervisor Name/Ext: \_\_\_\_\_

Alternate Supervisor Name/Ext: \_\_\_\_\_

**(To be completed by Supervisor)**

GL Number: \_\_\_\_\_

GL Number: \_\_\_\_\_

*(Use 2<sup>nd</sup> GL # if position is split between 2 depts.)*

**Signature Requirements: All personnel action requests require the appropriate signature approval workflow below:**

Hiring Manager/Date: \_\_\_\_\_

Operational/Grant Budget Approval/Date: \_\_\_\_\_

Executive Staff/Date: \_\_\_\_\_

Associate VP-HR. /Date: \_\_\_\_\_

VP-Finance/Staff/ Date: \_\_\_\_\_

HR Processing/Date: \_\_\_\_\_