

PERSONNEL ACTION FORM

Effective Date _____

Employee Information	Last _____ First _____ MI _____ ID# _____ Job Title _____ Department _____ Position Control # _____ Supervisor _____
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Type of Action	<input type="checkbox"/> Transfer / Promotion <input type="checkbox"/> Salary/Rate Change <input type="checkbox"/> Temp On Call <input type="checkbox"/> Title Change <input type="checkbox"/> Budget # Change <input type="checkbox"/> Terminate <input type="checkbox"/> FTE Change <input type="checkbox"/> Stipend <input type="checkbox"/> Other _____
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PAY INFORMATION				
Budget Number	Account Name	%	Dollars per <input type="checkbox"/> Hour <input type="checkbox"/> Yr.	Stipend / Honorarium
-----	-----	-----	\$ _____	\$ _____
-----	-----	-----	\$ _____	Pay over _____ months
-----	-----	-----	\$ _____	From _____ / _____ thru _____ / _____ mo yr mo yr

Status Change Information	From: Dept: _____ Title: _____ Grade / Class: _____ FTE: _____ Budgeted Hours _____ # of Months Worked _____	To: Dept: _____ Title: _____ Grade / Class: _____ FTE: _____ Budgeted Hours _____ # of Months Worked _____	<input type="checkbox"/> Temp On Call <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt <input type="checkbox"/> 40 hrs/wk (R40) <input type="checkbox"/> 37.5 hrs/wk (R37) <input type="checkbox"/> 30 - 37.5 hrs/wk (R30) <input type="checkbox"/> 20 - 30 hrs/wk (R 20) <input type="checkbox"/> less than 20 hrs/wk (RPT)
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Leave Information	<input type="checkbox"/> Medical <input type="checkbox"/> Personal <input type="checkbox"/> Work Injury/Illness <input type="checkbox"/> Sabbatical <input type="checkbox"/> Other _____ <input type="checkbox"/> Last Day of Work _____ Expected Date of Return _____ <input type="checkbox"/> Return from Leave of Absence _____ Date of Return _____
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Separation Information	<input type="checkbox"/> Resignation* (Attach Resignation Letter) <input type="checkbox"/> Lay-off <input type="checkbox"/> Discharge <input type="checkbox"/> End of Assignment <input type="checkbox"/> Other _____ Last Day Worked _____ Unused Vacation _____ <input type="checkbox"/> Days <input type="checkbox"/> Hrs Reason for Leaving _____
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Comments & Special Conditions	_____ _____
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Signature	Budget Mgr. _____ Date _____ Dean/Vice President _____ Date _____ Budget Director _____ Date _____ Human Resources _____ Date _____	Form Completed By _____ Date Form Completed _____
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