

PERSONNEL ACTION FORM

Effective Date _____

Employee Information	_____			
	Last	First	MI	ID#
	Job Title _____		Department _____	
	Position Control # _____		Supervisor _____	

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 _____

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:		To:		<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)
	Dept:	_____	Dept:	_____	
	Title:	_____	Title:	_____	
	Grade / Class:	_____	Grade / Class:	_____	
	FTE:	_____	FTE:	_____	
	Budgeted Hours	_____	Budgeted Hours	_____	
	# of Months Worked	_____	# of Months Worked	_____	

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 _____

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 _____ *V.P. Signature Not Required

Comments & Special Conditions	_____ _____
--	----------------

Signature	Budget Mgr. _____ Date _____	Form Completed By _____ Date Form Completed _____
	Dean/Vice President _____ Date _____	
	Budget Director _____ Date _____	
	Human Resources _____ Date _____	