



Office Use Only

Personnel Action Form

PART I

To Be Completed by the Department

Today's Date: _____ Employee Name: _____

Department Name & Number: _____ Position Title: _____

Account Number to be Charged: _____

Check appropriate box and complete applicable information below:

- New Position (circle appropriate item)
Regular, Temporary, Part-Time On-Call
- New Hire/Replacement For _____
- Position Modification
- Increase/Decrease in Hours
- Promotion
- Change in Hourly Rate/Salary
- Title Change
- Termination > Vacation Days or Hours Due: _____
- Retirement
- Position Reevaluation
- Additional Temporary Compensation: Amount \$ _____
- Leave of Absence (circle appropriate item)
Parental Leave, Family Medical Leave Act,
Personal Leave, Medical Leave
- Additional Position
- Other _____

Start Date _____ End Date _____ New Position Title _____

MONTHLY
Annual Salary _____
Number months/year _____
Number hours/week _____
% Time/month _____

HOURLY
Hourly Rate _____
Number hours/week _____
Number weeks/year _____
Bargaining Unit: <input type="checkbox"/> Yes <input type="checkbox"/> No

Explanation: _____

Department Head

Date

PART II

Senior Staff Comments and/or Approval

Comments: _____

Senior Staff Approval

Date

PART III

Human Resources, Payroll & Budget Office Use

Grade: _____ Occupation Group: _____ FTE: _____ Benefits Eligible: Yes No B/E Date: _____

Comments: _____

Human Resources

Date

Position Number: _____

Payroll

Date

Comments: _____