

PERSONNEL ACTION FORM

* Required Fields

* Employee Name

Employee #

MANAGER SECTION

* Effective Date

* Action Code

Manager Name

New Hire/Change Action Reason

Termination Action Reason

Eligible for rehire?

New/Current Information	Proposed Changes
-------------------------	------------------

Position Title

Position Title

Department

Department

Campus

Weekly Hours

Campus

Weekly Hours

Pay Rate

Stipend Rate

Pay Rate

Stipend Rate

Stipend

Stipend

Stipend

Stipend

Effective Date

End Date

Effective Date

End Date

Accounting Unit	Account	Percent
Total (must equal 100%)		

Please note: All grant funded positions require SPA approval.

Accounting Unit	Account	Percent
Total (must equal 100%)		

HUMAN RESOURCE SECTION

Status

Work Location

Position

Job Code

Pay Plan

Process Level

Schedule, Grade

Exempt

Salary Class

Pay Frequency

Annual Hours

FTE

COMMENTS

APPROVALS

Involuntary Term Approval

* Department Signature

SPA * For Grant Funded Positions

Human Resources

[Send for Approval](#)

[Send to SPA](#)

[Send to Human Resources](#)