



**PERSONNEL ACTION FORM**

Please complete all appropriate sections entirely and obtain department signatures. Forward to Human Resources, where other signatures will be obtained. Human Resources will notify you of approval.

- Request to Fill Full-Time Position       Notice of Termination/Resignation Employee  
 Request to Fill Part-Time Position       Change in status (ie moving from one position to another)

**SECTION 1**

Employee Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**SECTION 2**

Position Title: \_\_\_\_\_

New Position\* or  Replacement for: \_\_\_\_\_

*\*If new full-time position, complete and attach New Position Information form.*

<b>Full-Time</b>		
<input type="checkbox"/> Administrative	<input type="checkbox"/> Office Staff	<input type="checkbox"/> Professional
<input type="checkbox"/> Technical	<input type="checkbox"/> Service	

<b>Department</b>	
<input type="checkbox"/> Front Office	<input type="checkbox"/> Housekeeping <input type="checkbox"/> Purchasing <input type="checkbox"/> Food Productions
<input type="checkbox"/> Restaurant/Bev.	<input type="checkbox"/> Banquets <input type="checkbox"/> Sales <input type="checkbox"/> Administration

<b>Part-Time (check one)</b>
<input type="checkbox"/> Non-Student <u>or</u> <input type="checkbox"/> Student (more than 6 credit hours)

<b>Part-Time also check if applicable:</b>
<input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary (end date _____)

Is this person working elsewhere on campus? If yes, where? \_\_\_\_\_

**SECTION 4 (List all of the positions that the employee will be working.)**

- Position: \_\_\_\_\_ Rate of pay: \_\_\_\_\_ Effective Dates: \_\_\_\_\_
- Position: \_\_\_\_\_ Rate of pay: \_\_\_\_\_ Effective Dates: \_\_\_\_\_
- Position: \_\_\_\_\_ Rate of pay: \_\_\_\_\_ Effective Dates: \_\_\_\_\_

**SECTION 5 (Termination)**

Last Day Worked: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**SECTION 6 (Must be completed prior to opening position)**

Budget Code(s): \_\_\_\_\_ % \_\_\_\_\_ %

**DEPARTMENT SIGNATURES**

INITIATOR/MGR: \_\_\_\_\_ DATE: \_\_\_\_\_ GENERAL MGR: \_\_\_\_\_ DATE: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY HUMAN RESOURCES**

Paygrade: \_\_\_\_\_  Hourly or  Contracted      Entry Salary: \_\_\_\_\_ Hrly Wage: \_\_\_\_\_ Actual Salary: \_\_\_\_\_

Leave Code: \_\_\_\_\_ Step: \_\_\_\_\_ Level: \_\_\_\_\_      Effective Date: \_\_\_\_\_ Board Approval Date: \_\_\_\_\_

Reclassification    Transfer    Reassignment    Other \_\_\_\_\_      POSD \_\_\_\_\_

Remarks: \_\_\_\_\_

HUMAN RESOURCES: \_\_\_\_\_ DATE: \_\_\_\_\_