



PERSONNEL ACTION FORM

President – White Copy
Payroll – Green Copy
Human Resources – Yellow Copy
Account Sponsor – Pink Copy
Employee – Gold Copy

CHANGE OF STATUS

CURRENT STATUS

Name _____ Employee ID _____ Dept/Div/Col _____
Job Title _____ Acct # _____ Pos # _____
Salary/wage \$ _____ per (indicate one): hour _____ month _____ year _____ semester _____ lump sum _____
Type of contract: (indicate one) 12 month _____ Semester _____ Academic Year _____ Other (Specify): _____
Status (indicate one) Full-time regular _____ Part-time regular _____ Full-time temporary _____ Part-time temporary _____
Work shift (regularly scheduled working hours — non-exempt employees only) _____

PROPOSED STATUS

Name _____ Dept/Div/Col _____
Job Title _____ Job Code _____ Pos # _____
Acct # _____ Beginning _____ Ending _____
Salary/wage \$ _____ per (indicate one): hour _____ month _____ year _____ semester _____ lump sum _____
Type of contract: (indicate one) 12 month _____ Semester _____ Academic Year _____ Other (Specify) _____
Status (indicate one) Full-time regular _____ Part-time regular _____ Full-time temporary _____ Part-time temporary _____
Work shift (regularly scheduled working hours — non-exempt employees only) _____
New position? Yes _____ No _____ Replacement? Yes _____ No _____ Replacement for _____
If changing from full-time to part-time, number of credit hours (faculty)? _____
If changing from full-time to part-time, number of hours per week (staff)? _____

REASON(S) FOR CHANGE (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Title change | <input type="checkbox"/> Department change | <input type="checkbox"/> Leave without pay |
| <input type="checkbox"/> Salary change: | <input type="checkbox"/> Account change | <input type="checkbox"/> Return from leave |
| <input type="checkbox"/> promotion | <input type="checkbox"/> Full-time to part-time | <input type="checkbox"/> Degree obtained (attach transcripts) |
| <input type="checkbox"/> merit increase | <input type="checkbox"/> Part-time to full-time | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> hourly to salaried | <input type="checkbox"/> Temporary contract extension | |
| <input type="checkbox"/> salaried to hourly | <input type="checkbox"/> Military leave | |
| <input type="checkbox"/> teaching load change | <input type="checkbox"/> Sabbatical leave | |

If recommended for leave of absence, indicate ending date (if known) _____

Comments: _____

TO BE COMPLETED BY BUSINESS OFFICE:
CONTRACT RATE _____

APPROVED:

_____	_____	Director of Human Resources	_____	Date
Account Sponsor	_____	_____	Director of Budgets	_____
_____	Date	_____	_____	Date
Vice President	_____	_____	President	_____
_____	Date	_____	_____	Date