



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:

- Checkboxes for New Position, New Hire/Replacement, Position Modification, etc. Includes a bracketed section for Termination, Retirement, and Vacation Days or Hours Due.

Start Date _____ End Date _____ New Position Title _____

MONTHLY section with fields for Annual Salary, Number months/year, Number hours/week, % Time/month

HOURLY section with fields for Hourly Rate, Number hours/week, Number weeks/year, Bargaining Unit (Yes/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: _____