

PERSONNEL ACTION

Department _____ Position Number _____

Job Title _____

Effective Date of Action _____ Ending Date _____

AS SOON AS APPROVED

EMPLOYMENT TYPE	TYPE OF ACTION	LEAVE TYPE
<input type="checkbox"/> A/P Faculty	<input type="checkbox"/> Pay Change	<input type="checkbox"/> Educational Leave
<input type="checkbox"/> Adjunct	<input type="checkbox"/> Temporary Pay	<input type="checkbox"/> Leave With Pay
<input type="checkbox"/> Teaching Faculty	<input type="checkbox"/> Transfer, Competitive	<input type="checkbox"/> Leave Without Pay
<input type="checkbox"/> Classified Staff	<input type="checkbox"/> Transfer, Non-Competitive	<input type="checkbox"/> Return from Leave
<input type="checkbox"/> Student Wage	<input type="checkbox"/> One-Time Pay/Stipend	
<input type="checkbox"/> Temporary Wage	<input type="checkbox"/> Recognition Bonus Pay	
<input type="checkbox"/> 1500 Hour Wage	<input type="checkbox"/> Reassigned Time	
	<input type="checkbox"/> Grant Continuation	

SECTION I. PERSONAL INFORMATION

RU ID # _____ State ID # _____

Name _____
Last First MI

Work Location _____ Work Phone _____
Building Room Number P. O. Box

Supervisor Name _____ Supervisor RU ID # _____ Supervisor Position # _____

SECTION II. FUNDING/PAYMENT

Requested Salary or Wage Rate/Hour \$ _____ Bonus Pay Amount \$ _____

Current/Previous Salary \$ _____ Total Percent Increase/Decrease Requested _____

Total Percentage of In-band Adjustment and Increases for Role Changes for Current FY _____

FOAP Code	%				%			
Fund	Org	Account	Program	Fund	Org	Account	Program	
_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	

Comments/Explanations/Special Pay Instructions: (number of pays and pay method)

SECTION III. SPONSORED PROGRAMS APPROVAL: (REQUIRED ONLY IF POSITION IS SUPPORTED BY SPONSORED PROGRAMS FUNDS)

Project Director/Account Manager _____ Date _____

Sponsored Programs _____ Date _____

SECTION IV. SIGNATURE APPROVAL

Department Chair _____ Date _____

Appointing Authority _____ Date _____
(Dean, Director, or higher level)

Vice President _____ Date _____

President _____ Date _____
(Required if Vice President is appointing authority)

Budget _____ Date _____

Human Resources _____ Date _____

HR Use Only: Role Code: _____ I-9 Banner E-mail
 State ID Budget/Payroll File