

PERSONNEL ACTION REQUEST

Employee's CURRENT Information

Legal Name: _____
 Department#: _____
 Supervisor's name: _____
 Current Base Salary: _____

Employee ID: _____
 Position #: _____
 Is the employee currently on an H1B visa? _____
 Current Salary with Supplement(s): _____

Changes Requested (check all that apply)

- Department # _____
- Standard Hours _____
- Business Title _____
- Office Address _____
- Phone Number _____
- Supervisor _____
- Earnings Distribution _____
- Add a supplement (add acct. string in box below)

- Remove a supplement _____
- Base salary change
- Position Review / Position Description Update
- Conversion (9-to-12 month or 12-to-9 month)
- Position Type Change (temporary position types only; changes to/from FTE require Term/Rehire)
- Other (describe thoroughly below)

Comments, justification, and requested effective date. Note: Changes cannot be effective until after all approvals are granted.

Approvals:

Supervisor	Date	Dean/Division Head	Date
Department Chair/Head	Date	EVP/President	Date

HR Use Only:

Approved Change(s):

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Department # <input type="checkbox"/> Standard Hours <input type="checkbox"/> Business Title <input type="checkbox"/> Office Address <input type="checkbox"/> Phone Number | <ul style="list-style-type: none"> <input type="checkbox"/> Supervisor <input type="checkbox"/> Earnings Distribution <input type="checkbox"/> Add a supplement <input type="checkbox"/> Remove a supplement <input type="checkbox"/> Base salary change | <ul style="list-style-type: none"> <input type="checkbox"/> Position Review / Position Description Update <input type="checkbox"/> 9-to-12 month conversion <input type="checkbox"/> 12-to-9 month conversion <input type="checkbox"/> Position Type Change |
|---|---|---|

Update(s) completed:

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Position <input type="checkbox"/> Job Data <input type="checkbox"/> PD | <ul style="list-style-type: none"> <input type="checkbox"/> Review Date <input type="checkbox"/> BEC <input type="checkbox"/> Compensation |
|---|---|

Overall compensation amount: _____
 Compensation % change: _____

Approved effective date: _____

 HR Approval Date

HR Notes/Comments