



REQUEST FOR EMPLOYMENT ACTION

Date Submitted:	Contact Name:
College/Division:	Department:
Last Day Worked:	Termination Code:
Justification: 	
_____ Supervisor / Department Head Signature	_____ Date
_____ VP / Dean Signature	_____ Date
Employee Name:	
Employee EMPLID:	
Employee Hire Date: _____	
Check all that apply	
Classification:	<input type="checkbox"/> Classified <input type="checkbox"/> Faculty <input type="checkbox"/> Staff
Status:	<input type="checkbox"/> Probationary Status <input type="checkbox"/> Trial Review Status
Employee Type:	<input type="checkbox"/> Grant <input type="checkbox"/> Grad Student
	<input type="checkbox"/> Temporary <input type="checkbox"/> Time-limited
	<input type="checkbox"/> Intermittent <input type="checkbox"/> Undergrad Student