

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):

- | | | |
|---|--|--|
| <input type="checkbox"/> Department # | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Position Review / Position Description Update |
| <input type="checkbox"/> Standard Hours | <input type="checkbox"/> Earnings Distribution | <input type="checkbox"/> 9-to-12 month conversion |
| <input type="checkbox"/> Business Title | <input type="checkbox"/> Add a supplement | <input type="checkbox"/> 12-to-9 month conversion |
| <input type="checkbox"/> Office Address | <input type="checkbox"/> Remove a supplement | <input type="checkbox"/> Position Type Change |
| <input type="checkbox"/> Phone Number | <input type="checkbox"/> Base salary change | |

Update(s) completed:

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Position | <input type="checkbox"/> Review Date |
| <input type="checkbox"/> Job Data | <input type="checkbox"/> BEC |
| <input type="checkbox"/> PD | <input type="checkbox"/> Compensation |

Overall compensation amount: _____

Compensation % change: _____

HR Notes/Comments

Approved effective date: _____

HR Approval

Date