

## Personnel Action Request Form

### Section 1: Type of Request (Check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Fill Vacant Position         | <input type="checkbox"/> Salary Adjustment                 | <input type="checkbox"/> Reorganization/Dept. Transfer |
| <input type="checkbox"/> New Position                 | <input type="checkbox"/> FTE Adjustment (hours per week)   | <input type="checkbox"/> Change Funding Source         |
| <input type="checkbox"/> Reclassify Existing Position | <input type="checkbox"/> Change in Terms (months per year) | <input type="checkbox"/> Abolish Existing Position     |

Employee/Candidate Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_  
 Current Classification Title: \_\_\_\_\_ Position #: \_\_\_\_\_  
 Proposed Classification Title: \_\_\_\_\_ Proposed Position #: \_\_\_\_\_  
 Competency Level (if applicable): \_\_\_\_\_ Anticipated Effective Date: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Supervisor's Phone #: \_\_\_\_\_  
 Department: \_\_\_\_\_ Division: \_\_\_\_\_

#### Salary Change Detail:

Current Annual Salary:		Proposed Annual Salary:		Amount of Salary Change:		Percent of Salary Change:	

### Section 2: Appointment Details

FTE:  Full-Time  Part-Time \_\_\_\_\_ Hours/wk  Time-Limited, length of assignment \_\_\_\_\_  
 Term:  12 Months  11 Months  10 Months  9 Months

### Section 3: Budget Justification (to be completed by Department Head and Divisional Budget Manager)

- I. Reason for Request  Regulatory Compliance  Program Expansion  
 Improve/Enhance Existing Services  Other \_\_\_\_\_
- II. Justification: Describe in detail the reason for personnel action and include mission critical nature of the request.

### Section 4: Budget Information (to be completed by Department Head and Divisional Budget Manager)

Are there existing funds to cover the request?  Yes  No  N/A

% Distribution	Amount	Fund Code	Organization Code	Account Code

### Section 5: Approval Signatures

Supervisor: _____	Date: _____
Department Head/Director/Chair: _____	Date: _____
Budget Director: _____	Date: _____
Vice Chancellor: _____	Date: _____
Assistant Vice Chancellor for Human Resources: _____	Date: _____
Chancellor: _____	Date: _____
Reviewed by OHR (Signature): _____	Date: _____

**\*Important: Final effective dates are determined by the Office of Human Resources**