

Personnel Action Request Form

SHRA, EHRA, Faculty, and Non-Faculty Positions

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/week 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 |
|----------------|--------|-----------|-------------------|--------------|
| | | | | |
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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**