Personnel action form

Employee name: _____ Banner ID (if known): _____

Action: _____ Status: _____

Student: _____ Yes _____ No

Details:

_____

Title: _____ Department: _____

Effective date of action: _____ First paycheck affected: _____

Ending date of action: _____ Number of pay periods: _____

Approver of timesheet/leave report: _____

Pay status: _____ If grant funded: ____ With ____ Without benefits

Budget account 1: _____ Rate 1: _____ %/$ Allocation 1: _____

Budget account 2: _____ Rate 2: _____ %/$ Allocation 2: _____

Budget account 3: _____ Rate 3: _____ %/$ Allocation 3: _____

Department head: _____ Date: _____

Dean: _____ Date: _____

Vice President: _____ Date: _____

President: _____ Date: _____

To be completed by HR/Payroll/Finance

Position code(s): 1: _____ New _____ WC code: _____

2: _____ New _____

3: _____ New _____

Overload approval on file (non-faculty): _____ NTRRQUE: _____

Additional comments: _____