

PERSONNEL ACTION FORM

Today's Date: _____

Employee Name: _____ Banner ID: Y _____
(Last, First, Middle Initial)

Employee Class: Full-time Adjunct Student Part-time Regular Part-time Temporary
(Over 20 hours per week) (Less than 20 hours per week)

Effective Date: _____ End Date (if applicable): _____

Enter information for CURRENT POSITION INFORMATION

Use this column to CHANGE INFORMATION

Action: Current Employee

Action: Change

Position Title: _____

Change: _____

Position Number: _____

Change: _____

Pay Rate: _____

Change: _____

FOAP (Acct. #): _____

Change: _____

Supervisor: _____

Change : _____

Department: _____

Change : _____

Campus Location: _____

Change : _____

Employee Class: _____

Change : _____

Grade: _____

Change: _____

Status: Exempt Non-Exempt

Change to: Exempt Non-Exempt

Comments (use this section for additional information, if necessary)

Approvers (Print & Sign)

	Printed Name	Signature	Date
Supervisor			
Dean/Manager/Director			
Human Resources			
VP Finance & Admin. Services	Clint B. Ewell, Ed.D.		
Member of Executive Leadership Team			
President	Lisa Rhine, Ph.D.		