

Personnel Action Request Form

(160-Day Hourly, Student Assistant, and Professional Expert Personnel)

Employee ID: _____ Name: _____

Action Requested:
(New Hire, Add Assignment, Term, etc.) _____

Position Information

Job Title: _____ Position ID: _____ Suffix: _____

Start Date: _____ End Date: _____

Compensation Information

Pay Rate: _____ Schedule/Range/Step: _____ Hours/days per week: _____

Total compensation for the assignment, including benefit costs: _____
If approved, expenditures may not exceed this amount.

Budget Information

FOAP (salary): _____ % _____

FOAP (benefits): _____ % _____

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FOAP (benefits): _____ % _____

Funding Source: General Fund Other _____

Are salary savings going to be used to fund this position? yes no

If yes, from what position: _____

Statement of Need (Include description of specific duties this person will perform.)

No promise of employment shall be made without prior campus approval for this position and no hours shall be worked prior to Board approval even if this is an extension of a previous assignment.

Approvals

Hiring Manager: _____ Fiscal Services: _____

VP/President: _____ Campus HR: _____