

Finance & Admin Services-Signature

Personnel Action Form - Change of Status

Changes should be effective at the beginning of the pay period; 1^{st} or 16^{th} of the following month

Toda	Effec	Effective Date:		PIDM:		
First Name:		Last Name:			MI:	
Nature of Action: Selec	t the ONE most appropriate	action				
Salary Chang	ge Supervisor C	hange	Promoti	on Reassignm	nent/Transfer	
Status Chang	e Budget Acct.	Change	Title Char	nge Other		
Comments:						
Change of Status: Only c	omplete what has changed b	elow				
From				То		
Position Title:						
Salary: Annual:				Annual:		
	Pay:	y: Hourly/Monthly Rate o		Pay:		
Budget Account #:						
Position #:						
Replaced Whom:			N	Jame:	PIDM:	
Status:	Administrator		ıll Time	Administrator	. Full Time	
Part time employees may work up to 25 hours per	☐ Contract Administra ☐ Staff	—	L	☐ Contract Administrator ☐ Staff	—	
week	Faculty	Pa	ırt Time [Faculty	Part Time	
Tenure: (if applicable)	Tenure Promotion Status	:		Tenure Promotion Status	:	
Department:						
Supervisor:	Name:			Name:		
	Position #:			Position #:		
	Position Title:			Position Title:		
<u> </u>	ntil all authorizing signatu	res have signed	and the e	mployee receives the em	ployment letter	
Authorizing Signatures:						
Requesting Supervisor/Dean-Signature		Requesting Supervisor/Dean-Printed Name			Date	
		requesting supervi				
Division Vice President/Provost/AVP-Signature		Division Vice President/Provost/AVP-Printed Name			Date	
Grants Accounting (if applicable)-Signature		Grants Accounting (if applicable)-Printed Name			Date	
Human Resources Department-Signature		Human Resources Department-Printed Name			Date	
Finance & Admin Services-Signature		Finance & Admin Services-Printed Name			Date	