



PERSONNEL ACTION REQUEST

Updated 08-11-21 HR

DO NOT use this form for **STUDENT EMPLOYMENT, ADJUNCT FACULTY** or for **TEMPORARY ASSIGNMENTS**

Please check ALL that applies.

OTHER _____	RECRUIT to fill position	TRANSFER employee
RECLASSIFY position/employee	TERMINATE position/employee	PROMOTE employee
REASSIGN employee	DEMOTE employee	

STEP 1 - POSITION DETAILS

Position Title _____ Classification _____

Full Time or Part Time
of PT Hrs Weekly _____

Position description/classification approved by Human Resources _____

Salary Range _____ PG & Step _____ **Maximum Salary not to exceed:** _____

STEP 2 - APPROVALS FOR ACTION

Department Supervisor _____ Approved ___ Disapproved ___ Date _____

Exec. Director _____ Approved ___ Disapproved ___ Date _____

President _____ Approved ___ Disapproved ___ Date _____

For Grant Funded positions: Secure Grant Manager's signature before delivering to the Budget/Grants Office
STEP 3 - BUDGET / GRANTS / FINANCE

Cost Center / Grant Name _____ Percentage ___ Cost Center # _____ Position # _____

Cost Center / Grant Name _____ Percentage ___ Cost Center # _____ Position # _____

Cost Center / Grant Name _____ Percentage ___ Cost Center # _____ Position # _____

Controller Signature _____ Approved ___ Disapproved ___ Date _____

Grant Account / Manager _____ Approved ___ Disapproved ___ Date _____

Exec. Director Finance _____ Approved ___ Disapproved ___ Date _____

HR Notes: (posting date, former employee, halted etc.)

STEP 4 – APPROVAL TO HIRE

Selected Candidate _____ **Start Date** _____

HR _____
Applicant materials attached!