

EMPLOYEE NAME _____ Personnel # _____
 Department Name _____ Dept. phone _____

Personnel Action Change Form

ACTIONS From ___/___/___ (MM/DD/YYYY)

DESCRIPTION OF ACTION

- | | | |
|---|--|--|
| <input type="checkbox"/> Campus Transfer In | <input type="checkbox"/> Organizational Change | <input type="checkbox"/> LOA without Pay |
| <input type="checkbox"/> Funding Change | <input type="checkbox"/> Separation | <input type="checkbox"/> LOA with Pay |
| <input type="checkbox"/> Emplmnt % - FTE Change | <input type="checkbox"/> Separation with Pay | <input type="checkbox"/> Return from LOA |
| <input type="checkbox"/> Salary/Rate Change | <input type="checkbox"/> Campus Transfer Out | |

ACTION (IT0000)

Reason Code _____ Reason _____ Primary Position # _____
 Employee Group --Non-resident alien? yes no Primary Position Title _____

PERSONAL DATA (IT0002) refer to Personal Data Form

ORGANIZATIONAL ASSIGNMENT (IT0001) sets up employee relationship to entire University organization

Benefits %: _____% for 12mo _____% for 9/10mo _____Ret/Ancil _____Not eligible

CURRENT POSITIONS AT THE UNIVERSITY

| | Position Number | Position Title | Staffing Percent |
|---------------|-----------------|----------------|------------------|
| This Position | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| | | TOTAL | = 100 % |

ADDRESSES (IT0006) refer to Personal Data Form

PLANNED WORKING TIME (IT0007) sets up employee relationship to his/her current University contract(s)

Work schedule rule: Salary M-F@8hrs/day Other days/hours _____ Shift Positive time reporting
 Number of hours scheduled per week _____ Contract length code: _____ Leave plan code _____
Include total time worked at the University in all positions

BASIC PAY (IT0008) sets up employee relationship to payroll

| | |
|---|---|
| Wage Type _____ Amount \$ _____ <input type="checkbox"/> hr <input type="checkbox"/> mo | Wage Type _____ Amount \$ _____ <input type="checkbox"/> hr <input type="checkbox"/> mo |
| Wage Type _____ Amount \$ _____ <input type="checkbox"/> hr <input type="checkbox"/> mo | Wage Type _____ Amount \$ _____ <input type="checkbox"/> hr <input type="checkbox"/> mo |

COST DISTRIBUTION (IT9027) matches IT0008, for reporting purposes

[Distribution: 01-wage]

| Cost Code: | Cost Center / WBS Element | Position # | Wage Type | \$ Rate <i>hourly or monthly</i> | % of Cost Distribution |
|---|---------------------------|------------|-----------|-------------------------------------|---------------------------|
| Grant funded? <input type="checkbox"/> yes <input type="checkbox"/> no | | | | | |
| Grant funded? <input type="checkbox"/> yes <input type="checkbox"/> no | | | | | |
| Grant funded? <input type="checkbox"/> yes <input type="checkbox"/> no | | | | | |
| Grant funded? <input type="checkbox"/> yes <input type="checkbox"/> no | | | | | |
| | | | | TOTAL | = 100% |

PAID APPOINTMENTS (IT9001) overview of current paid positions for reporting purposes

| Start Date | End Date | Position # | Title Modifier | Budgeted Annual Salary | FTE % <i>relative to full time</i> |
|------------|----------|------------|----------------|------------------------|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

UNPAID APPOINTMENTS (IT9001) overview of current unpaid positions for reporting purposes

| Start Date | End Date | Title | Organizational Unit Number |
|------------|----------|-------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

RESIDENCE STATUS (I-9) (IT0094) C -Citizen N -Non-citizen A -Non-Resident Alien

DATE SPECIFICATIONS (IT0041)

I-9 Date required ____/____/____ Other
(e.g. Last Working Day, etc.) ____/____/____

First Working Day required ____/____/____ University Service Date ____/____/____

Tenure Date ____/____/____ Leave Accrual Date ____/____/____

Tenure Notify Date ____/____/____ Probation End Date ____/____/____

EDUCATION & QUALIFICATIONS (IT0009) *refer to Personal Data Form*

ADDITIONAL COMMENTS OR EXCEPTIONS:

.....

.....

.....

.....

APPROVAL SIGNATURES:

_____ date _____ _____ date _____

_____ date _____ _____ date _____

Attachments

- Form W-4 (required for all new/returning employees) / Form W-5 (optional)
- Form I-9 with photocopies of documentation (required for all new/returning employees)
- Bank deposit form
- Correspondence and supportive documentation