

# PERSONNEL ACTION REQUEST

**Employee's CURRENT Information**

Legal Name: \_\_\_\_\_  
 Department#: \_\_\_\_\_  
 Supervisor's name: \_\_\_\_\_  
 Current Base Salary: \_\_\_\_\_

Employee ID: \_\_\_\_\_  
 Position #: \_\_\_\_\_  
 Is the employee currently on an H1B visa?  
 Current Salary with Supplement(s): \_\_\_\_\_

**Changes Requested (check all that apply)**

- Department # \_\_\_\_\_
- Standard Hours \_\_\_\_\_
- Business Title \_\_\_\_\_
- Office Address \_\_\_\_\_
- Phone Number \_\_\_\_\_
- Supervisor \_\_\_\_\_
- Earnings Distribution \_\_\_\_\_
- Add a supplement

- Remove a supplement \_\_\_\_\_
- Base salary change
- Position Review / Position Description Update
- Conversion (9-to-12 month or 12-to-9 month)
- Position Type Change (temporary position types only; changes to/from FTE require Term/Rehire)
- Other (describe thoroughly below)

**Comments, justification, and requested effective date.** Note: Changes cannot be effective until after all approvals are granted.

Chartfield String	Requested Effective Date

<b>Approvals:</b>			
Supervisor	Date	Dean/Division Head	Date
Department Chair/Head	Date	EVP/President	Date

**HR Use Only:**

Approved Change(s):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Department #   | <input type="checkbox"/> Supervisor            | <input type="checkbox"/> Position Review / Position Description Update |
| <input type="checkbox"/> Standard Hours | <input type="checkbox"/> Earnings Distribution | <input type="checkbox"/> 9-to-12 month conversion                      |
| <input type="checkbox"/> Business Title | <input type="checkbox"/> Add a supplement      | <input type="checkbox"/> 12-to-9 month conversion                      |
| <input type="checkbox"/> Office Address | <input type="checkbox"/> Remove a supplement   | <input type="checkbox"/> Position Type Change                          |
| <input type="checkbox"/> Phone Number   | <input type="checkbox"/> Base salary change    |  |

Update(s) completed:

- |                                   |                                       |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Position | <input type="checkbox"/> Review Date  |
| <input type="checkbox"/> Job Data | <input type="checkbox"/> BEC          |
| <input type="checkbox"/> PD       | <input type="checkbox"/> Compensation |

Overall compensation amount: _____
Compensation % change: _____

Approved effective date: \_\_\_\_\_

\_\_\_\_\_  
 HR Approval Date

HR Notes/Comments

## CAAC Internal Approvals

Use the chart below to list additional courses that will be covered (if approved)

Course	Section	Projected Enrollment	Credit Hours
Course	Section	Projected Enrollment	Credit Hours
Course	Section	Projected Enrollment	Credit Hours
Course	Section	Projected Enrollment	Credit Hours

Budget Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Conditional Approval
Comments			

Signature

Date

Academic Planning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Transcript on File	<input type="checkbox"/> Alternate Credentials
Comments				

Signature

Date