

PERSONNEL ACTION FORM

Date: _____

To: Human Resources

From: _____

Name: _____ ID #: _____ Full Time Salary: _____

Address _____ () 10 Month () 12 Month
() Mgr / Non Union Professional

Phone #: _____ Soc Sec #: _____ () Federation Professional

Title / Position _____ () Support Non Union
() Support DC 1707

Division _____ Program: _____

ACTION TO BE TAKEN: As of _____ date

() Continuing / Renewal () Add Responsibilities
 () New Position (Attach Approval) () Termination
 () Replacement: (Permanent) () Sabbatical
 () Replacement (Temporary) () Extension
 () Status Change / Reclassification () Increase / Reduce Load
 (Refer to Section Below) () Leave of Absence
 () Other _____

_____ (Name of Person Replaced) (Explain in Comments Section)

CONTRACT PERIOD:

Start: _____ End: _____ Days per week: _____ () % Budget No. : _____
 Start: _____ End: _____ Days per week: _____ () % Budget No. : _____
 Start: _____ End: _____ Days per week: _____ () % Budget No. : _____

FOR STATUS CHANGE / RECLASSIFICATION: (Attach Revised Job Description OR: Rationale for change)

Cabinet Approval: _____

Previous Title: _____ Previous Salary: _____

Previous Days Per Week: _____ Previous Base: () 10 Month () 12 Month
 (Complete Funding Source Section)

PRIOR YEAR DATA:

Title / Position: _____ Load: _____ Base: _____ Months
 Division / Program: _____ Full Time Salary: _____

Comments: _____

Approvals:

_____	_____	_____	_____
Division Head	Date	Budget Officer	Date
_____	_____	_____	_____
Human Resources	Date	VP Finance / Administration	Date