

## PERSONNEL ACTION FORM

Today's Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Banner ID: Y \_\_\_\_\_  
(Last, First, Middle Initial)

Employee Class:    Full-time    Adjunct    Student    Part-time Regular    Part-time Temporary  
(Over 20 hours per week)    (Less than 20 hours per week)

Effective Date: \_\_\_\_\_ End Date (if applicable): \_\_\_\_\_

**Enter information for CURRENT POSITION INFORMATION**

**Use this column to CHANGE INFORMATION**

**Action:**    Current Employee

**Action:**    Change

**Position Title:** \_\_\_\_\_

**Change:** \_\_\_\_\_

**Position Number:** \_\_\_\_\_

**Change:** \_\_\_\_\_

**Pay Rate:** \_\_\_\_\_

**Change:** \_\_\_\_\_

**FOAP (Acct. #):** \_\_\_\_\_

**Change:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Change :** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Change :** \_\_\_\_\_

**Campus Location:** \_\_\_\_\_

**Change :** \_\_\_\_\_

**Employee Class:** \_\_\_\_\_

**Change :** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Change:** \_\_\_\_\_

**Status:**    Exempt    Non-Exempt

**Change to:**    Exempt    Non-Exempt

**Comments (use this section for additional information, if necessary)**

**Approvers (Print & Sign)**

	Printed Name	Signature	Date
Supervisor			
Dean/Director			
Human Resources			
Business Office			
Member of Executive Leadership Team			
President	Lisa Rhine, Ph.D.		