

Employee Action Form
(Please Complete One Form For Each Job Per Employee)

Name: _____ ID number: _____

Type of Action (definitions of actions are on the back of this form)

New Hire Pay Change Promotion Termination Effective Date: _____
 Re-Hire Transfer Demotion Reclassification _____

Employee Classification: (check one in each column)

Administrative Full time
 Support Staff Part time
 Faculty Temporary
 Student Employee Adjunct

Comments: _____

For Terminations Only (also complete the Current Information column in the Job Changes Section)

Date of termination: _____

Reason of termination (check one): voluntary involuntary retirement

For New Hires and Transfers Only (also complete the New Information column in the Job Changes Section)

Home Department: _____

Check Distribution Department: _____

Timesheet Distribution Department: _____

Campus Address: _____

Campus Phone Number: _____

Job Changes (if there is no change to a value, leave the fields blank):

	Current Information	New Information
Position Number:	_____	_____
Hourly Rate or Annual Salary	_____	_____
Scheduled Hours:	_____	_____
Title (old):	_____	_____
Title (new):	_____	_____

Labor Distribution Changes (if there is no change to a value, leave the fields blank):

	Fund	Org	Account	Program	Activity	Location	Percentage
Current:	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
New	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____

Immediate Supervisor: _____ Date: _____

Division Head Approval: _____ Date: _____

Dr. Kenneth L. Schwab, President: _____ Date: _____