

**STUDENT EMPLOYEE ACTION FORM**  
**(PLEASE COMPLETE ONE FORM FOR EACH JOB PER EMPLOYEE)**

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_ Effective/Change Date: \_\_\_\_\_

*Type of Action (check one):*

New Hire                       Re-Hire                       Other - Explanation \_\_\_\_\_  
 Pay Change                       Reclassification \_\_\_\_\_  
 Promotion                       Demotion \_\_\_\_\_  
 Transfer                       Termination \_\_\_\_\_

Name of individual and position being replaced (if this is not a new position): \_\_\_\_\_

*Employee Classification (check one):*       Support Staff       Student Employee

*Employee Status (check one):*                       Part Time                       Temporary

*Benefits Eligibility (check one):*                       Partial Benefits       Not Eligible

**COMPLETE FOR TERMINATIONS ONLY**

Date of Termination: \_\_\_\_\_ Reason for Termination (check one):  Voluntary  Involuntary  Retirement

**COMPLETE FOR NEW HIRES AND TRANSFERS ONLY**

Home Department: \_\_\_\_\_ Check Distribution Department: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Campus Phone Number: \_\_\_\_\_

*JOB CHANGES (if no change to a value, leave the field blank):*

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

*LABOR DISTRIBUTION CHANGES (if no change to a value, leave the field blank):*

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

**List Funding Source(s):** \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name under Signature Line

Division Head: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name under Signature Line

William H. Ballard: \_\_\_\_\_ Date: \_\_\_\_\_  
 Vice President for Finance and Administration