

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

Name: _____ Last 4 Digits of SSN: _____ 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 Administrative Faculty

Employee Status (check all that apply): Full Time Part Time Temporary (AutoTerm Date _____)

Benefits Eligibility (check one): Full Benefits Partial Benefit 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: _____ Reports To: _____

Campus Address: _____ Campus Phone Number: _____

JOB CHANGES:

	Current Information	New Information
Hourly Rate/Annual Salary	_____	_____
Number of Hours Per Week	_____	_____
Title (current):	_____	
Title (new):	_____	

LABOR DISTRIBUTION CHANGES:

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

List Funding Source(s): _____

Immediate Supervisor: _____ Date: _____
Print Name under Signature Line

Cabinet Member for Department: _____ Date: _____
Print Name under Signature Line

Robert Blue: _____ Date: _____
Vice President for Finance & Administration

Dr. Christopher L. Holoman: _____ Date: _____
President