

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

Name: \_\_\_\_\_ Last 4 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):                       Student Employee

Employee Status (check all that apply):                       Part Time                       Temporary                      Auto Term Date: \_\_\_\_\_

**COMPLETE FOR TERMINATIONS ONLY**

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

**COMPLETE FOR NEW HIRES AND TRANSFERS ONLY**

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

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

<i>JOB CHANGES:</i>	Current Information	New Information
Hourly Rate/Annual Salary	_____	_____
Scheduled Days/Hours	_____	_____
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

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

Robert Blue: \_\_\_\_\_ Date: \_\_\_\_\_  
Vice President for Finance & Administration