



Human Resources Personnel Action

Employee First Name	MI	Last Name	Employee Number	PCN	Series #
Initiator			Department	Today's Date	

Please select only one in each category.

Transaction Type

- Refill
 Establish
 Reclassify
 Other (specify below)

Appointment Type

- Permanent
 Temporary
 Emergency
 Other (specify below)

Employment Type

- Full-time
 Part-time
 Other (specify below)

Current Title/Job Classification	Proposed Title/Job Classification and Step	
Bargaining Unit	Effective Date	Weekly Hours (Full or Part-time)

Dept	Fund	Account	Program	Chartfld 2	SID	%	Est. Fringe

Justification (go to second page if more room needed):

REQUIRED SIGNATURES

Hiring Department	Date
Dean	Date
Finance and Administrative Affairs	Date
Human Resources	Date
CEO	Date

FOR HUMAN RESOURCES/FINANCE USE ONLY

New Rate (biweekly)	New Rate (annual)	
Annual Fringe	Actual Fiscal Year Cost	Actual FY Fringe Cost