



PERSONNEL ACTION/CHANGE OF ADDRESS FORM

I. **Effective Date of Action Recorded Below:** _____

Employee Name: _____ PLU ID _____

Title: _____ Department: _____

Change(s)	From	To
<input type="checkbox"/> Dept Account Number		
<input type="checkbox"/> Position Title		
<input type="checkbox"/> Position Number		
<input type="checkbox"/> Salary Grade		
<input type="checkbox"/> Salary/Pay Rate		
<input type="checkbox"/> FTE		
<input type="checkbox"/> Benefits Status/Ecls		
<input type="checkbox"/> Supervisor		
<input type="checkbox"/> Campus Address/Phone		
<input type="checkbox"/> Home Address/ Phone* (*No approval required except employee's signature)		
Signature _____	Phone _____	Phone _____

- III. **Reason for Change(s)**
- | | |
|---|--|
| <input type="checkbox"/> Hired/Replacement for: _____ | <input type="checkbox"/> Salary Grade Change/Adjustment: _____ |
| <input type="checkbox"/> Re-Hired: _____ | <input type="checkbox"/> Title Change |
| <input type="checkbox"/> Promotion: _____ | <input type="checkbox"/> Leave of Absence (<i>Call HR for details</i>) |
| <input type="checkbox"/> Lateral Transfer: _____ | <input type="checkbox"/> Reclassification of Existing Job (<i>Call HR for details</i>) |
| <input type="checkbox"/> Beginning Phased Retirement: _____ | <input type="checkbox"/> Other Reason (Please Specify) _____ |
| <input type="checkbox"/> FTE Change: _____ | |

IV. **Authorization**
Vice President approval required for all changes affecting the budget.

Request: _____
Budget Head Date

Recommend: _____
Vice President Date

Approve: _____
Chief Operating Officer Date

Process: _____
Payroll Department Date

FOR HUMAN RESOURCES USE ONLY

Copies Distribution: Employee File Payroll Entered in Banner: _____ Date: _____