COLUMBUS STATE UNIVERSITY

PERSONNEL ACTION REQUEST

Action:

☐ New-Hire ☐ Re-Hire ☐ Separation ☐ Dept. Transfer ☐ Acct # Change ☐ Pay Change ☐ Title Change ☐ Status Change

Name: _____
Last First Middle SSN

Effective Date _____ **Individual Replacing** _____ **or** ☐ **New Position**

	New Hire or Current Personnel Action	To: New Personnel Action
Pay Rate	$ ☐ Hr ☐ Mo ☐ Yr	$ ☐ Hr ☐ Mo ☐ Yr
	Dept / Fund / Acct. Code / Program / Class / Proj	Dept / Fund / Acct. Code / Program / Class / Proj
Account Number # 1		
Account Number # 2		
Position Title		
Job Code		
Department Name		

HR USE ONLY

TLM Panel:

Person Type _____

Pay Rule _____

Accrual Profile _____

Separation:

Reason Code _____

Eligible for Re-Hire: ☐ Yes ☐ No

____% FTE, if applicable

Employment Status:

☐ 12 Mo Faculty ☐ Admin (Monthly) ☐ Staff (Bi-Weekly)

☐ 10 Mo Faculty ☐ Grad Asst* ☐ Student Asst*

☐ PT Faculty ☐ Work-Study Student*

☐ FT/Temp ☐ FT/Regular

☐ PT/Temp _____hrs/wk ☐ PT/Regular _____hrs/wk*

☐ Temp Employment End Date _____

*19 hrs/wk or less

Employment Status:

☐ 12 Mo Faculty ☐ Admin (Monthly) ☐ Staff (Bi-Weekly)

☐ 10 Mo Faculty ☐ Grad Asst* ☐ Student Asst*

☐ PT Faculty ☐ Work-Study Student*

☐ FT/Temp ☐ FT/Regular

☐ PT/Temp _____hrs/wk ☐ PT/Regular _____hrs/wk*

☐ Temp Employment End Date _____

*19 hrs/wk or less

Immediate Supervisor _____ **e-TIME Approver** _____

Campus Phone Number _____

Separation: **Last Work Day** _____ ☐ **Temporary Position Ended**

☐ Resignation ☐ Retirement ☐ End of Contract / Non-Renewal ☐ Discharge ☐ Lack of Work

Explanation / Description: *(Explanation for Action) Please add supplemental page for more information.*

_____

_____

Signature of Approving Authority _____ **Date** _____

Name / Title (please print) _____

Human Resources Approval _____ **Date** _____

HR USE ONLY

POSITION #: ☐ NEW ☐ CHNG **FRINGES:** **EE#:**

Employee E-mail Address _____

DIST COPY: HR/PR/BEN/BUD

REVISED 11/2/2009