

PERSONNEL ACTION REQUEST

GENERAL INFORMATION										HR USE			
Employee Name:													
Employee Job Title:													
Department:													
Dept. Contact					Phone:								
					A	CCC	UUNT INFORMA	ΙΤΑ	ON				
☐ ACCOUNT/ACCOUNT CHANGE					Account No.						%:		
				Account No.							%:		
				Acc	count l	Vo.		%:					
EMPLOYMENT INFORMATION													
TYPE:	Admin			assifi			Faculty				Othe		
	Hire		T	ermin			FTE Change				Leave of Absence		
	Annual Sala						Wage \$				Hourly Annual		
±										rs per week:		de ou.	
DURATION:	Start Date:	um p	m payment date OR Payments between pay periods of End Date (if applicable):								Other:		
Doluttion.													
	Regular Temporary One Year Only 12 months Full time - 40 hours per week												
	10 months - Academic Part time -								hours per w				
Other:													
ADDITIONAL MANDATORY EMPLOYER COSTS													
PERS position – 18.17% TRS position – 18.57% TRS working retiree – 20.95% Temp position – 8.8% No Yes, health benefit-eligible* Health benefits - \$12,700 annual cost Business Office Use Only													
No Yes, health benefit-eligible* Health benefits - \$12,700 annual cost *Must gain prior budgetary approval for new positions working over 19 hours per week Budget Impact \$													
SPECIAL INSTRUCTIONS													
		I				IGN	NATURE APPRO	VA					
Supervisor:				Na	me			Signature			Date		
Supervisor.													
Grants:													
Academic Affairs:			an Bro	phy-B	aermai	nn							
Business Office:	Lorelle Davies												
Human Resourc	Karen Glasser												
President:			Kara	,									
President: Jane Karas													
Pay date: Amount: \$ Entered: / / HR:													
Pay date:	ount:	Þ			Entered	l:	/ /	HR:					