

PLEASE TYPE

F3.2 PERSONNEL ACTION REQUEST

Current Date _____

SECTION A	TYPE OF ACTION: *(Explain in Comment section below & attach documentation. Requires President's Signature.) <input type="checkbox"/> NEW HIRE* <input type="checkbox"/> SEPARATION <input type="checkbox"/> LEAVE* <input type="checkbox"/> PROMOTION* <input type="checkbox"/> TRANSFER IN <input type="checkbox"/> RE-HIRE <input type="checkbox"/> OVERLOAD <input type="checkbox"/> STIPEND <input type="checkbox"/> DEMOTION* <input type="checkbox"/> TRANSFER OUT <input type="checkbox"/> REAPPOINTMENT <input type="checkbox"/> ONE TIME PAY <input type="checkbox"/> RE-CLASSIFICATION* <input type="checkbox"/> LONGEVITY <input type="checkbox"/> OTHER						
SECTION B	P _____ <input type="checkbox"/> DR. <input type="checkbox"/> MISS <input type="checkbox"/> MR. <input type="checkbox"/> MS <input type="checkbox"/> MRS.		Employee ID # _____ First Name _____ Middle Name _____ Last Name _____				
	EMPLOYING DEPT NAME _____		FUNDING DISTRIBUTION OF POSITION				
	DEPT ORG CODE _____		ACCOUNT/ INDEX	%	AMOUNT OF POSITION	BEGIN DATE OF POSITION	END DATE
	DIVISION # _____						
	PHONE # _____						
	JOB TITLE _____						
POSITION # _____							
SECTION C	ASSIGNMENT START DATE	ASSIGNMENT END DATE	PAY TYPE		**MONTHLY RATE	CONTACT PERIOD	FTE
			Total Contract _____			<input type="checkbox"/> 12 MONTHS	(Only for Faculty and Staff) %
			Hourly Rate _____		TOTAL CONTRACT	<input type="checkbox"/> 9 MONTHS	
			One Time Pay _____		÷	<input type="checkbox"/> 4 MONTHS	
		Longevity _____		Contract Period	<input type="checkbox"/> 2 MONTHS		
SECTION D	LEAVE		LEAVE START DATE	TYPE OF LEAVE CODE (See Instructions)	<input type="checkbox"/> RETURN FROM LEAVE (Attached Documentation)		DATE RETURNED FROM LEAVE
	<input type="checkbox"/> BEGIN LEAVE with PAY <input type="checkbox"/> BEGIN LEAVE without PAY						
SECTION E	SEPARATION (Resignation letter must be attached) <input type="checkbox"/> RESIGNATION (100) <input type="checkbox"/> RETIREMENT (400) <input type="checkbox"/> INVOLUNTARY SEPARATION (200) <input type="checkbox"/> DEATH (500) <input type="checkbox"/> TEMPORARY ASSIGNMENT (300)			LAST DAY WORKED		REASON FOR SEPARATION	
SECTION F	COMMENTS/NOTES/SPECIAL INSTRUCTIONS/WORK SCHEDULE			PAYROLL			
				ACCRUE HOURS <input type="checkbox"/> Yes <input type="checkbox"/> No DEFAULT HOURS _____ PAYROLL # _____ ASSIGNMENT # _____			
SECTION G	FINANCIAL AID			HUMAN RESOURCES			
	<input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> CAMPUS <input type="checkbox"/> NONE HOURS ENROLLED _____ AMOUNT _____			TERM VAC HOURS _____ EARNINGS CODE _____ COMP TIME _____ IPEDS <input type="checkbox"/> Yes <input type="checkbox"/> No			
SECTION H	1. ACCOUNT MANAGER _____ DATE _____			5. HUMAN RESOURCES _____ DATE _____			
	2. DEAN OR DIRECTOR _____ DATE _____			6. OFFICE OF THE PRESIDENT (New Hires and Changes Only) _____ DATE _____			
	3. VICE PRESIDENT _____ DATE _____			7. BUDGET _____ DATE _____			
	4. FINANCIAL AID (For Students Only) _____ DATE _____			8. PAYROLL _____ DATE _____			
DEADLINES: STUDENT/HOURLY – 20TH FACULTY/STAFF and ONE TIME PAY – 15TH							
WHITE (Original Signatures) – Human Resources • YELLOW – Payroll Office • PINK – Department • FORM NO. 1511/REV 11-2020							