

SID #	Dept	Mail Stop	Date Prepared
Name <i>(last name first)</i>		Supervisor Name <i>(print name)</i> Ext:	
Address <i>(number/street)</i> <i>(city)</i> <i>(state)</i> <i>(ZIP)</i>			Telephone
EMPLOYMENT STATUS <input type="checkbox"/> Full-time <input type="checkbox"/> Permanent <input type="checkbox"/> Part-time (.50 FTE - .99 FTE) <input type="checkbox"/> Temporary			

ACTION <input type="checkbox"/> New Appointment <input type="checkbox"/> Temporary Assignment <input type="checkbox"/> Budget Coding Change <input type="checkbox"/> Reappointment <input type="checkbox"/> Work Schedule Change <input type="checkbox"/> Salary Schedule Change <input type="checkbox"/> Promotion <input type="checkbox"/> Termination <input type="checkbox"/> Transfer <input type="checkbox"/> Reassignment <input type="checkbox"/> Other: _____					
EFFECTIVE DATES		Annual Salary	Hire Date	Termination Date	Hrs/Wk
From	To				
Position Title	Position Code	Range	Step	Monthly	FTE %
				\$	
Appr – Prog – Org – Obj - Sub					

REMARKS

 Supervisor/Budget Authority *(print name)*

 Executive Director, Human Resources
 Certifying Payroll Officer

Date

 Supervisor/Budget Authority *(signature)*

 Date

 Other Required Signature

 Date

Distribution: Payroll/Budget Office/HR Office/Supvr. - Budget Auth./Employee