

## Personnel Action Form

Employee Name:	Supervisor Name:
Requester Name:	Requestor Signature:

### Reason for Change

<input type="checkbox"/> Compensation	<input type="checkbox"/> Position	<input type="checkbox"/> Employee Status (FTE)	<input type="checkbox"/> Employee Type
<input type="checkbox"/> Cost Center Allocation	<input type="checkbox"/> Promotion	<input type="checkbox"/> Grant & Cost Center Allocations	<input type="checkbox"/> Other: _____

### Request Change

Effective Date:			
End Date (if applicable):			
	<b>Present</b>	<b>Proposed</b>	
Position Title			
Pay Rate			
Stipend			
Pay Type (Exempt or Non-Exempt)	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	
Cost Center			
Scheduled FTE			
Supervisor			
Employee Status	<input type="checkbox"/> Full-Time <input type="checkbox"/> Student <input type="checkbox"/> Part-Time	<input type="checkbox"/> Full-Time <input type="checkbox"/> Student <input type="checkbox"/> Part-Time	
<i>If part-time, specify hours per week:</i>			
Employee Type	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student	

### Office of Sponsored Research

*This section is to be completed by the Principal Investigator, then reviewed and confirmed by ORSP.*

#### Workday - Cost Center and Grant Effort Allocations

Effort Start and End Date	Present		Proposed	
	CC/Grant	Effort %	CC/Grant	Effort %

### Notes

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### Approval Signatures

Supervisor: _____	Office of Sponsored Research: _____
Cabinet Level: _____	Human Resources: _____
Finance: _____	