

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):			
	Present	Proposed	
Position Title			
Pay Rate			
Stipend			
Pay Type (Exempt or Non-Exempt)	<input type="checkbox"/> Exempt	<input type="checkbox"/> Non-Exempt	<input type="checkbox"/> Exempt
Cost Center			
Scheduled FTE			
Supervisor			
Employee Status	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Student	<input type="checkbox"/> Full-Time
	<input type="checkbox"/> Part-Time		<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: _____	