

PERSONNEL ACTION REQUEST

Employee's CURRENT Information

Legal Name: _____
 Department#: _____
 Supervisor's name: _____
 Current Base Salary: _____

Employee ID: _____
 Position #: _____
 Is the employee currently on an H1B visa?
 Current Salary with Supplement(s): _____

Changes Requested (check all that apply)

- Department # _____
- Standard Hours _____
- Business Title _____
- Office Address _____
- Phone Number _____
- Supervisor _____
- Earnings Distribution _____
- Add a supplement

- Remove a supplement _____
- Base salary change
- Position Review / Position Description Update
- Conversion (9-to-12 month or 12-to-9 month)
- Position Type Change (temporary position types only; changes to/from FTE require Term/Rehire)
- Other (describe thoroughly below)

Comments, justification, and requested effective date. Note: Changes cannot be effective until after all approvals are granted.

Chartfield String	Requested Effective Date

Approvals:			
Supervisor	Date	Dean/Division Head	Date
Department Chair/Head	Date	EVP/President	Date

HR Use Only:

Approved Change(s):

- | | | |
|---|--|--|
| <input type="checkbox"/> Department # | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Position Review / Position Description Update |
| <input type="checkbox"/> Standard Hours | <input type="checkbox"/> Earnings Distribution | <input type="checkbox"/> 9-to-12 month conversion |
| <input type="checkbox"/> Business Title | <input type="checkbox"/> Add a supplement | <input type="checkbox"/> 12-to-9 month conversion |
| <input type="checkbox"/> Office Address | <input type="checkbox"/> Remove a supplement | <input type="checkbox"/> Position Type Change |
| <input type="checkbox"/> Phone Number | <input type="checkbox"/> Base salary change | |

Update(s) completed:

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Position | <input type="checkbox"/> Review Date |
| <input type="checkbox"/> Job Data | <input type="checkbox"/> BEC |
| <input type="checkbox"/> PD | <input type="checkbox"/> Compensation |

Overall compensation amount: _____
Compensation % change: _____

Approved effective date: _____

 HR Approval Date

HR Notes/Comments

CAH Internal Approvals

Use the chart below to list additional courses that will be covered (if approved)

Course	Section	Projected Enrollment	Credit Hours
Course	Section	Projected Enrollment	Credit Hours
Course	Section	Projected Enrollment	Credit Hours
Course	Section	Projected Enrollment	Credit Hours

Please use the space below to support your unit's need for this course, specifically explaining why full-time faculty and instructional staff cannot cover it inside their standard teaching load. Course overloads should not be part of your curricular plan, nor should they be standard departmental practice. Course overloads should only be requested for emergency course coverage

Budget Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Conditional Approval	<input type="checkbox"/> Office Space Available
Comments				

Signature

Date

Director of Finance & Chief of Staff Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Conditional Approval
Comments			

Signature

Date

Academic Planning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Conditional Approval
Comments			

Signature

Date

Dean Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Conditional Approval
Comments			

Signature

Date