

HUMAN RESOURCES ACTION FORM

(Faculty, Staff, Temporary, Part-time Faculty, Non-paid Affiliates, Students or Casual Laborer)

Today's Date	EMPL	MPLOYEE'S NAME: RAM ID# [900-]								
HRAF must be submitted and approved before the effective		Last Na	Last Name First Name Middle Initia							
Date										
Effective Date of	INDIVI	INDIVIDUAL BEING REPLACED: (Complete if the position has been vacated by the person below.)								
End Date of Action:		Last Na	Last Name First Name Middle Initial							
	New Hire	-	Change nentation	Promotion Documentation	Title Change	Accour Numbe	-	Account Number	Added Pay Documentation	
REQUESTED	New IIII		quired	Required		Change		Change	Required	
ACTION →										
Diamas Calast			l-time	Part-time	Temporary to	Tempora	ary	Rehired Retiree		
Please Select	Student Hi	re to Pa	art-time	to Full-time	Part-time	to Full-tim	ne l	Documentation Required		
	Faculty	Faculty	10 Month		Limited-Term		taff	Staff	Staff	
EMPLOYMENT	10-month (22F)	12-month (22Y)	Non-Exem _l (22J)	ot Hourly (22H)	Faculty (22F)		3W 2H)	12=month Salaried	10-month Salaried	
STATUS→					2-year Appointm	ent		(22A)	(22X)	
HR / Budget	Casual	Temporary	☐ Regular	Non-Paid	Student Assista		□ al Work-	Grad Assistant	Part-time	
use only	Laborer	Salaried	Employee (22C)		(22T)		ıdy !W)	(22G)	19 hours or	
	(22C) □	(22L) □	(220)	(22N)		-			<less (22p)<="" td=""></less>	
Require	ed Data Fron	n Departme	nt		Current Data			New Da	ia	
Account Number										
Fund-Departmer		lass-Project								
Account Number #2 Fund-Department-Program-Class-Project										
Salary Amount or Change →			\$ \$							
Position Title:										
Position Number										
(Obtain from Department Budget Report) BCAT / Job Code										
•	(Obtain from Human Resources)									
Department Nan	Department Name:									
Reports To (Supervisor)										
Time Off Approver: Person Approving Timecard Each Pay-period										
	_			seary signature	s then route to B	udgets Offi	co for f	unding approval		
MEQUINED SIX	SIVATORES				roved copy to HR	_				
						-				
Department Hea	nd Dean				Budge					
Department net	iu Dean				buugi	cts				
Vice President/Provost Human Resources										
Signature – Title III (if applicable)										
HR Action Form. version.2										
(Please allow 7 – 10 business days for processing)										

HR Routing Check-Off Form Page 2

Employee's Name		Position			
		Check if	Applicable	Effective Date	
a.	Is the employee being hired as a full-time regular? Critical Hiring form and supporting documentation atta	ched.			
b.	Is this a salary change (if so, when) Critical Hiring form and salary justification memo attack	ned.			
C.	Is this a full-time faculty position for hire? Critical Hiring form and supporting documentation atta	ched.			
d.	Is this an added payment to the current salary? Critical Hiring form and salary justification memo attach	ned.			
e.	Is this a promotion or position change? Critical Hiring form and supporting documentation atta	ched.			
f.	Is this a part-time temporary position for hire? Not required to go to Critical Hiring Committee				
g.	Is this a position change and no salary adjustment? Not required to go to Critical Hiring Committee				
h.	Is this a Graduate or Student Assistant position? Not required to go to Critical Hiring Committee				
	Requires Signature of Department Head/Dean, VP, Form), Budgets, Human Resources	/Provost, ar	nd Title III (if ap	oplicable. Will be note	d on HR Action
	Requires Signature of Department Head/Dean, VP, Form), Human Resources	/Provost, ar	nd Title III (if ap	pplicable. Will be note	d on HR Action

NOTE: HR Action forms that should be sent to the <u>Critical Hiring Committee</u> will need to be placed in a folder with supporting documentation before providing to the HR Director. If supporting documentation is missing, scan and return to the department requesting additional supporting documentation. The HR Action forms for the Critical Hiring Committee must be reviewed for approval before updating data in OneUSG.

Reports To and Time Off Approver for Multiple Employees

RAM ID#	Last Name	First Name