



HUMAN RESOURCES ACTION FORM

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

Today's Date HRAF must be submitted and approved before the effective Date	EMPLOYEE'S NAME: RAM ID# [900-] <hr/> Last Name First Name Middle Initial
Effective Date of Action: End Date of Action:	INDIVIDUAL BEING REPLACED: (Complete if the position has been vacated by the person below.) <hr/> Last Name First Name Middle Initial

REQUESTED ACTION → <i>Please Select</i>	New Hire <input type="checkbox"/>	Pay Change Documentation Required <input type="checkbox"/>	Promotion Documentation Required <input type="checkbox"/>	Title Change <input type="checkbox"/>	Account Number Change <input type="checkbox"/>	Account Number Change <input type="checkbox"/>	Added Pay Documentation Required <input type="checkbox"/>
	Student Hire <input type="checkbox"/>	Full-time to Part-time <input type="checkbox"/>	Part-time to Full-time <input type="checkbox"/>	Temporary to Part-time <input type="checkbox"/>	Temporary to Full-time <input type="checkbox"/>	Rehired Retiree Documentation Required <input type="checkbox"/>	

EMPLOYMENT STATUS → <i>HR / Budget use only</i>	Faculty 10-month (22F) <input type="checkbox"/>	Faculty 12-month (22Y) <input type="checkbox"/>	10 Month Non-Exempt (22J) <input type="checkbox"/>	Faculty Hourly (22H) <input type="checkbox"/>	Limited-Term Faculty (22F) 2-year Appointment <input type="checkbox"/>	Staff BW (22H) <input type="checkbox"/>	Staff 12=month Salaried (22A) <input type="checkbox"/>	Staff 10-month Salaried (22X) <input type="checkbox"/>
	Casual Laborer (22C) <input type="checkbox"/>	Temporary Salaried (22L) <input type="checkbox"/>	Regular Employee (22C) <input type="checkbox"/>	Non-Paid Affiliate (22N) <input type="checkbox"/>	Student Assistant (22T) <input type="checkbox"/>	Federal Work- Study (22W) <input type="checkbox"/>	Grad Assistant (22G) <input type="checkbox"/>	Part-time 19 hours or <less (22P) <input type="checkbox"/>

Required Data From Department	Current Data	New Data
Account Number #1 Fund-Department-Program-Class-Project		
Account Number #2 Fund-Department-Program-Class-Project		
Salary Amount or Change →	\$	\$
Position Title:		
Position Number: <i>(Obtain from Department Budget Report)</i>		
BCAT / Job Code <i>(Obtain from Human Resources)</i>		
Department Name:		
Reports To (Supervisor)		
Time Off Approver: <i>Person Approving Timecard Each Pay-period</i>		

REQUIRED SIGNATURES – First, secure all necessary signatures then route to Budgets Office for funding approval
The Budgets Office will send an approved copy to HR to process following review/approval.

Department Head Dean

 Budgets

Vice President/Provost

 Human Resources

Signature – Title III (if applicable)