

HUMAN RESOURCES ACTION FORM

UNIVERSITY SYSTEM OF GE	ity, Stair,	Stan, Temporary, Fart-time ractity, Non-paid Armates, Students of Casual Laborery									
Today's Date		EMPLO	EMPLOYEE'S NAME: RAM ID# [900-]								
HRAF must be sub											
approved before	Last N	Last Name First Name									
Effective Date o	INDIV	INDIVIDUAL BEING REPLACED: (Complete if the position has been vacated by the person below.)									
End Date of Acti											
	Last N	ame			First Name				Middle Initial		
		Pav	Pay Change Documentation Required		Promotion	Title Change	2	Account	Account Number	Added Pay Documentation	
	New Hire	Docui			Documentation	· ·		Number			
REQUESTED		Re			Required			Change	Change	Required	
ACTION →											
Diamas Calast			Full-time		Part-time	Temporary t	о Т	emporary	Rehired Retiree	Reports to / Time off Approver	
Please Select	lease Select Student Hire		to Part-time		to Full-time	Part-time		to Full-time	Documentation Required	Change	
					r dir time			r dir tillic	·		
	Faculty	Faculty	10 M		Full-Time	Limited-T	erm	Staff	Staff	Staff	
EMPLOYMENT	10-month (22F)	12-month (22Y)		xempt 2J)	Hourly (22H)	Facult (22F)	•	BW (22H)	12-month Salaried	10-month Salaried	
STATUS→	(221)	(221)	(22	-5,	(2211)	2-year Appo		(2211)	(22A)	(22X)	
UD / Budmat	T	T	Door		Non Poid	Chudaut As	-!-44	Fadaval Maril	Cur d Assistant	Familia.	
HR / Budget use only	Temporary Employee	Temporary Salaried	Reg Empl		Non-Paid Affiliate	Student Ass (22T)		Federal Work- Study	Grad Assistant (22G)	Faculty 19 hours or	
use omy	(22C)	(22L)	(22	2C)	(22N)			(22W)		<less (22p)<="" td=""></less>	
		•		Samuel Bata							
Account Numbe	epartment	iment			rrent Data			New Data			
Fund-Departmen	^lass-Project	-Project									
Account Numbe		51455 1 10 1000									
Fund-Departme	nt-Program-(Class-Project	Project								
Salary Amount o			\$				\$				
Position Title:											
Position Title:											
Position Numbe	r:										
DOAT / L L C L											
BCAT / Job Code (Obtain from Huma)											
Department Nar											
Reports To											
(Supervisor) Time Off Approv	vor:										
Person Approving Timecard Each Pay-period											
				neces	sarv signatures	s then route t	o Budge	ets Office for f	unding approval		
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 Hea					Вι	Budgets					
Vice President/I		Human Resource									
Ci		-1-1-1									
Signature – Title	e iii (it applic	apie)			UD 4-#:- 5						
				(Plas	HR Action For se allow 30 day		ing\		ı	Jpdated 1-2022	
				11169	se anow 30 ud	ya idi pidcess	····6/			>puateu 1-2022	