

HUMAN RESOURCES ACTION FORM

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

UNIVERSITY SYSTEM OF GEX	ity, Stair,	Stan, Temporary, Part-time Faculty, Non-paid Armates, Students of Casual Laborery									
Today's Date		EMPLO	EMPLOYEE'S NAME: RAM ID# [900-]								
HRAF must be submitted and											
approved before t	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		Total Name									
	Last N	ame			First Name				Middle Initial		
		Pay	Pay Change		Promotion	Title Change	9	Account	Account	Added Pay	
	New Hire	•	Documentation Required		Documentation Required	Tanana		Number	Number	Documentation	
REQUESTED		, ne			Required			Change	Change	Required	
ACTION →					5				Debined Detines	Paparts to / Time	
Please Select	Student Hi		Full-time to Part-time		Part-time to	Temporary to Part-time	0 1	to to	Rehired Retiree Documentation	Reports to / Time off Approver	
	Student Hire		to rait time		Full-time	i ai t-time		Full-time	Required	Change	
						_					
	Faculty 10-month	Faculty 12-month	10 M Non-F	onth xempt	Full-Time Hourly	Limited-1 Facult		Staff BW	Staff 12-month	Staff 10-month	
EMPLOYMENT STATUS→	(22F)	(22Y)	(22		(22H)	(22F)	-	(22H)	Salaried	Salaried	
SIAIUS /						2-year Appo	intment		(22A)	(22X)	
HR / Budget	Temporary	Temporary	emporary Reg		Non-Paid	Student As	sistant	Federal Work-	Grad Assistant	Faculty	
use only	Employee (22C)	Salaried (22L)	Empl (22		Affiliate (22N)	(22T)		Study (22W)	(22G)	19 hours or <less (22p)<="" td=""></less>	
	(ZZC)	(222)	\	-0,	(2211)			(2200)			
Required			Current Data			New Data					
Account Numbe	r #1										
Fund-Departmen		Class-Project									
Account Numbe											
Fund-Department of Salary Amount of Sala											
Salary Amount o		\$				\$					
Position Title:											
- ··· · · ·											
Position Number	r:										
BCAT / Job Code											
(Obtain from Human Department Nar											
Department ival	nc.										
Reports To											
(Supervisor)											
Time Off Approver: Person Approving Timecard Each Pay-period											
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.											
The state of the s											
						_					
Department Hea	ad / Dean					Ві	Budgets				
Vice President/Provost				Human Resources							
Signature - Title	III (if applie	able) or									
Signature – Title III (if applicable) or Office of Research and HR Action Form. version.2											
Sponsored Programs (OSORP) (Please allow 30 days for processing)											