



HUMAN RESOURCES ACTION FORM

INSTRUCTIONS: This form is to be completed to execute all human resources actions regarding employment changes. Supervisors are responsible for obtaining and including all information on this form. **Note that if a salary change other than an annual merit increase is requested, a separate page must be attached that outlines the rationale and business justification for the requested change. If justification is not provided, the form will be rejected and sent back to the requesting department head.**

Date:		Requesting Department/Division:	
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Employee's Name:	
Supervisor's Name:	
Effective Date of Change:	

Check all that apply for proposed human resource action:

Pay Change	Promotion	Transfer	Title Change	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Data Affected	Current Data	New Data
Department/Division and Department #		
Position #		
Job Title		
Salary		
Funding Source		
Office Location		
Other _____ (Pay group or BCAT code)		

Please attach written justification for all requested salary increases if other than an annual merit increase.

HR Use ONLY:

Entered by: _____ Date: _____



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Authorizations

Requesting departments are responsible for obtaining authorizers' signatures prior to routing to Human Resources. Incomplete forms will be returned.

	Name (Print)	Signature	Date
Department Head (Dean/ Director/ VP)	_____	_____	_____
Unit VP/ Senior Leader	_____	_____	_____
Budget Director (State Grant or Title III)	_____	_____	_____
SVP for Administration	_____	_____	_____
Director of Human Resources	_____	_____	_____

Employee Acknowledgement

Your signature acknowledges that you have been made of aware of this action. It does not indicate agreement or disagreement.

Employee	_____	_____	_____
	Name (Print)	Signature	Date