

# ELON UNIVERSITY

## Office of Human Resources Personnel Action Request Form

Please TYPE or PRINT the following information and return the completed form to the Office of Human Resources, 2070 CB.

**TO:** Office of Human Resources

**FROM** (full name): \_\_\_\_\_ Ext. \_\_\_\_\_ Date \_\_\_\_\_

### A. Personnel Action Requested (Select appropriate item(s))

Employee's Name (type full name) \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Transfer between/within campus departments  | <input type="checkbox"/> Change funding source of position         |
| <input type="checkbox"/> Title change ( <b>Required:</b> attach a position description for <b>newly created titles/positions</b> and complete sections <b>B</b> and <b>E</b> below). | <input type="checkbox"/> Additional Position                       |
| <input type="checkbox"/> Employment status change (eg. temporary to full-time status)  | <input type="checkbox"/> Resignation or Separation from Employment |
| <input type="checkbox"/> Salary adjustment   | <input type="checkbox"/> Retiring                                  |

### B. Complete Proposed Changes for Items Checked in Section A

Effective Start Date \_\_\_\_\_ Effective End Date (for contract only) \_\_\_\_\_

Proposed title \_\_\_\_\_

Employee being replaced \_\_\_\_\_ Position supervises other employees? ☐ yes ☐ no

Department \_\_\_\_\_ Supervisor \_\_\_\_\_

Employment status	Position Status	Payroll information	Work Schedule	Office Information
<input type="radio"/> Temporary	<input type="radio"/> Temporary	<input type="radio"/> Exempt (salary)	# hours/week _____	Campus Box _____
<input type="radio"/> Part-time	<input type="radio"/> Regular	<input type="radio"/> Non-Exempt (hourly)	# months (weeks)/year _____	Office location (building and office number) _____
<input type="radio"/> Full-time				Phone extension _____
<input type="radio"/> Adjunct				
<input type="radio"/> Faculty				

### C. Comments/Justification (if applicable)

### D. Notice of Resignation or Separation from Employment

Last Date Worked \_\_\_\_\_ ☐ Resignation ☐ Separation from employment

Reason for separation from employment: (additional pages may be attached as necessary)

### E. Budget Information

Proposed Salary \$ \_\_\_\_\_ Hourly Rate \$ \_\_\_\_\_ Account # \_\_\_\_\_

Funding Source (if proposed salary exceeds budgeted salary) \_\_\_\_\_

Accounting-Budget Approval (staff approvals only) \_\_\_\_\_ Date \_\_\_\_\_

### APPROVAL SIGNATURES

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Reviewing Manager \_\_\_\_\_ Date \_\_\_\_\_

Vice President/Provost \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

Datatel #: \_\_\_\_\_ Position#: \_\_\_\_\_

XDEI: \_\_\_\_\_ CHECK: \_\_\_\_\_ BNDS: \_\_\_\_\_ BCL/LTD: \_\_\_\_\_ **PT > FT** \_\_\_\_\_ No \_\_\_\_\_ **Yes = Process Retirement Hours Report**

OFFI: \_\_\_\_\_ XFSA: \_\_\_\_\_ LEVS: \_\_\_\_\_ LINCOLN: \_\_\_\_\_ POSS: \_\_\_\_\_ **Completed by:** \_\_\_\_\_ **Date** \_\_\_\_\_