COLUMBUS STATE UNIVERSITY

PERSONNEL ACTION REQUEST

Action:
☐ New-Hire ☐ Re-Hire ☐ Separation ☐ Dept. Transfer ☐ Acct # Change ☐ Pay Change ☐ Title Change ☐ Status Change

Name:_____
Last First Middle SSN

Effective Date_____ **Individual Replacing**_____ **or** ☐ **New Position**

	New Hire or Current Personnel Action	To: New Personnel Action
Pay Rate	$ ☐ Hr ☐ Mo ☐ Yr	$ ☐ Hr ☐ Mo ☐ Yr
	Dept / Fund / Acct. Code / Program / Class / Proj	Dept / Fund / Acct. Code / Program / Class / Proj
Account Number #1		
Account Number #2		
Position Title		
Job Code		
Department Name		
HR USE ONLY TLM Panel: Person Type_____ Pay Rule_____ Accrual Profile_____ Separation: Reason Code_____ Eligible for Re-Hire: ☐ Yes ☐ No ____%FTE, if applicable	Employment Status: ☐ 12 Mo Faculty ☐ Admin (Monthly) ☐ Staff (Bi-Weekly) ☐ 10 Mo Faculty ☐ Grad Asst* ☐ Student Asst* ☐ PT Faculty ☐ Work-Study Student* ☐ FT/Temp ☐ FT/Regular ☐ PT/Temp_____hrs/wk ☐ PT/Regular_____hrs/wk Temp Employment End Date _____ *19 hrs/wk or less	Employment Status: ☐ 12 Mo Faculty ☐ Admin (Monthly) ☐ Staff (Bi-Weekly) ☐ 10 Mo Faculty ☐ Grad Asst* ☐ Student Asst* ☐ PT Faculty ☐ Work-Study Student* ☐ FT/Temp ☐ FT/Regular ☐ PT/Temp_____hrs/wk ☐ PT/Regular_____hrs/wk Temp Employment End Date _____ *19 hrs/wk or less

Immediate Supervisor_____ **e-Time Approver**_____
Campus Phone Number_____

Separation: **Last Work Day** _____ ☐ **Temporary Position Ended**
☐ **Resignation** ☐ **Retirement** ☐ **End of Contract / Non-Renewal** ☐ **Discharge** ☐ **Lack of Work**

Explanation / Description: *(Explanation for Action) Please add supplemental page for more information.*

_____
Signature – Dept. Head **Date**

_____
Signature – Provost/Vice President of Business and Finance **Date**

_____
Signature – Vice President/Dean as appropriate **Date**
(Required for new positions)

_____
Signature(s) – Budget Office **Date**

_____
Signature – President **Date**

_____
Signature – Human Resources **Date**

HR USE ONLY	POSITION #:	☐ NEW ☐ CHNG	FRINGES:	EE#:
	Employee E-mail Address _____			