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	Employment Status:	Employment Status:
TLM Panel:	☐ 12 Mo Faculty ☐ Admin (Monthly) ☐ Staff (Bi-Weekly)	☐ 12 Mo Faculty ☐ Admin (Monthly) ☐ Staff (Bi-Weekly)
Person Type _____	☐ 10 Mo Faculty ☐ Grad Asst* ☐ Student Asst*	☐ 10 Mo Faculty ☐ Grad Asst* ☐ Student Asst*
Pay Rule _____	☐ PT Faculty ☐ Work-Study Student*	☐ PT Faculty ☐ Work-Study Student*
Accrual Profile _____	☐ FT/Temp ☐ FT/Regular	☐ FT/Temp ☐ FT/Regular
Separation:	☐ PT/Temp _____hrs/wk ☐ PT/Regular _____hrs/wk*	☐ PT/Temp _____hrs/wk ☐ PT/Regular _____hrs/wk*
Reason Code _____	☐ Temp Employment End Date _____	☐ Temp Employment End Date _____
Eligible for Re-Hire: ☐ Yes ☐ No	*19 hrs/wk or less	*19 hrs/wk or less
____% FTE, if applicable		

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 of Approving Authority _____ **Date** _____

Name / Title (please print) _____

Human Resources Approval _____ **Date** _____

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