DEPARTMENT OF HUMAN RESOURCES
JACKSONVILLE STATE UNIVERSITY

Personnel / Position Action Request Form

Action Requested:		Personnel Change		Position Change

Personnel Change Requested:		Promotion		Transfer		Salary
Position Change Requested:		New		Reclassification		Interim Status

Employee Information:	Employee Name:	
	Employee ID#:	

Status Information:		Current	New
	Division Name:		
	School (if applicable):		
	Department Title:		
	Unit/Center (if applicable):		
	Department/ Unit/Center #:		
	Position Number:		
	Position Title:		
	Annual Salary:		
	FOAP/Budget:		

Interim Status Information:	Supplemental Position #:		Start Date:	
	Supplemental Pay Rate (monthly):		End Date:	

Justification for Request:	

Effective Date:	

Approvals:

Supervisor Signature _____ Date _____

Chief Human Resources Officer Signature _____ Date _____

President:

	Approved		Disapproved		Altered
COMMENTS:					

President's Signature _____ Date _____

Form 30A