



PTR # _____ PCN # _____

PERSONNEL TRANSACTION REQUEST (PTR) FORM

Reason for Request: New Position Reclassification Replacement FTE Increase Other

Assigned Orgn#: _____ Assigned Organization: _____

Appointing Department (faculty only): _____

Requestor's Name: _____ Phone# _____

Funding Source:

| | Index | Fund | Orgn | Prog | Actv | % |
|---|-------|------|------|------|------|---|
| 1 | | | | | | |
| 2 | | | | | | |

| | Index | Fund | Orgn | Prog | Actv | % |
|---|-------|------|------|------|------|---|
| 3 | | | | | | |
| 4 | | | | | | |

| | |
|-----------------|--|
| Existing | Position # _____ Title: _____ FTE: _____ |
| | Current/Previous Incumbent Name: _____ Current/Previous Salary: _____ |
| New | Title (if applicable): _____ FTE: _____ |
| | Salary Range: _____ Salary Group: _____ Target Start Date: _____ End Date: _____ |

1. Hires (attach resignation letter if replacement)

- a) Regular Position
- b) Student Payroll
- c) Special Payroll (UHP & Management/Confidential)
- d) Durational (Classified)
- e) Re-Employed Retiree (attach justification)
- f) Dual Employment (attach dual form)
- g) Other: _____

2. Changes

- a) Reclassification
- b) Temporary Service in Higher Class
- c) Salary Increase
- d) FTE % Change from _____% to _____%
- e) Student Continuation (attach student verification)
- f) Special Payroll Continuation
- g) Dual Payroll Continuation
- h) Durational Continuation
- i) Re-Employed Retiree Continuation (attach justification)

For Budget Department Use Only

Budgeted Not Budgeted

Budgeted Amount: _____ FTE: _____

Approver Printed Name

Approver Signature Date

For Faculty and Grant Funded Positions Only

Director/Department Head Printed Name

Director/Department Head Signature Date

Dean (SOM/SODM) Signature Date

EVP Health Affairs Signature Date

MANDATORY EDUCATION REQUIREMENTS

HR use only

| | | |
|---|--------------|------------|
| 1. Will this position be involved, in any way, with the conduct or administration of research involving human subjects? | ___Yes ___No | RHS |
| 2. Will this position function in supervisory, managerial, and/or lead responsibilities, including faculty? | ___Yes ___No | SXH |
| 3. Will this position have potential exposure to human blood, body fluids, or infectious materials? | ___Yes ___No | BBP |
| 4. Will this position be involved in laboratory work (potential exposure to hazardous chemicals)? | ___Yes ___No | LAB |
| 5. Will this position have potential contact with respiratory isolation? | ___Yes ___No | RSP |
| 6. Will this position require CPR Certification? | ___Yes ___No | CPR |
| 7. Will this position require use of IDX? | ___Yes ___No | IDX |
| 8. Will this position require UMG Orientation? | ___Yes ___No | UMG |
| 9. Will this position require Med/Surg 5 Orientation? | ___Yes ___No | MS5 |

SCREENING AND INTERVIEWERS

Primary Contact: **Name** _____ **Phone:** _____
 Email: _____ **Room #:** _____ **MC#:** _____

Screening Process: (check one) ___ **Individual(s)** ___ **Search Committee** (Attach sheet if necessary)

| Name | Title | Phone Number |
|------|-------|--------------|
| | | |
| | | |
| | | |

ATTENTION:

- Only Human Resources can make all other employment offers.
- HR will only make employment offers after the Department completes the Candidate Disposition and Selection Form.