

HUMAN RESOURCES ACTION FORM

Effective Date ____/____/____	Empl ID:	Empl Name:						
		<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Last First Middle </div>						
<input type="checkbox"/> New Position, or Individual Replacing		<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Last First Middle </div>						
REQUESTED ACTION	<input type="checkbox"/> Acct # Change	<input type="checkbox"/> Dept. Transfer	<input type="checkbox"/> Reports To Update	<input type="checkbox"/> Pay Change	<input type="checkbox"/> Promotion	<input type="checkbox"/> Title Change	<input type="checkbox"/> Separation Last Day Worked ____/____/____	<input type="checkbox"/> Status Change
		Current Data			New Data			
Account Number #1 Fund-Dept-Prgm-Class-Proj								
Account Number #2 Fund-Dept-Prgm-Class-Proj								
Salary								
Position Title								
Position Number								
Department Name								
Reports To (Supervisor)								
Time Off Appr								
EMPLOYMENT STATUS		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			
		<input type="checkbox"/> Regular <input type="checkbox"/> Temporary			<input type="checkbox"/> Regular <input type="checkbox"/> Temporary			
Faculty		<input type="checkbox"/> 12 Mo Faculty <input type="checkbox"/> 10 Mo Faculty <input type="checkbox"/> PT Faculty			<input type="checkbox"/> 12 Mo Faculty <input type="checkbox"/> 10 Mo Faculty <input type="checkbox"/> PT Faculty			
Staff		<input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly			<input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly			
Student		<input type="checkbox"/> Federal Work Study <input type="checkbox"/> Grad Asst <input type="checkbox"/> Student Asst			<input type="checkbox"/> Federal Work Study <input type="checkbox"/> Grad Asst <input type="checkbox"/> Student Asst			
Rehired Retirees					<input type="checkbox"/> Yes <input type="checkbox"/> No			
Non-Paid Affiliate					<input type="checkbox"/> Yes <input type="checkbox"/> No			
SIGNATURES								
Dept. Head/Dean				Date		Budgets		Date
Vice President/Provost				Date		Human Resources		Date
Signature – Title III (If applicable)				Date				

HR Use Only

BCAT: _____ Paygroup: _____ FICA Status _____
 DIST COPY: HR/PAYROLL/BUDGETS

Route to hrasu@asurams.edu

Please allow 7 – 10 business days for processing.

Reports To and Time Off Approver for Multiple Employees

[illegible]