

CLASSIFIED PERSONNEL DOCUMENT

FOR CHANGES TO EXISTING CLASSIFIED POSITIONS/INCUMBENTS



INCUMBENT

Last Name	First Name	M.I.	Tech ID	Date

ACTION

CHANGE	SEPARATION	LEAVE
<input type="checkbox"/> Change in FTE <i>(List existing & requested FTE in respective sections below)</i>	<input type="checkbox"/> Appointment Ended	<input type="checkbox"/> Leave of Absence: <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> LWO <i>(Complete "Effective Dates" below)</i>
<input type="checkbox"/> Funding Change <i>(List existing & requested accounts in respective sections below)</i>	<input type="checkbox"/> Deceased	
<input type="checkbox"/> Position Reassigned: <input type="checkbox"/> Temporary _____ months <input type="checkbox"/> Permanent <i>(List existing & requested dept. in sections below)</i>	<input type="checkbox"/> Layoff	
<input type="checkbox"/> Reappointment/Extension	<input type="checkbox"/> Non-Certification	<input type="checkbox"/> Return from Leave <i>(Complete "Effective Dates" below)</i>
<input type="checkbox"/> Reallocation/Reclassification <i>(Requires additional paperwork)</i>	<input type="checkbox"/> Resignation	
<input type="checkbox"/> Work Out-of-Class	<input type="checkbox"/> Retirement	
<input type="checkbox"/> Termination		
Supervisory Position		
Does this person supervises other employees? <input type="checkbox"/> No <input type="checkbox"/> Yes - If "Yes" who will perform those duties in their absence? _____		

EXISTING/FROM

REQUESTED/TO

EXISTING/FROM				REQUESTED/TO			
Classification		Position No.		Classification		Position No.	
Option Code <i>(If applicable)</i>	Barg Unit	FTE	Account No.	Option Code <i>(If applicable)</i>	Barg Unit	FTE	Account No.
APPOINTMENT		CONDITION		APPOINTMENT		CONDITION	
<input type="checkbox"/> Full-Time		<input type="checkbox"/> Unlimited		<input type="checkbox"/> Full-Time		<input type="checkbox"/> Unlimited	
<input type="checkbox"/> Part-Time % _____		<input type="checkbox"/> Temporary <i>(Up to one year)</i>		<input type="checkbox"/> Part-Time % _____		<input type="checkbox"/> Temporary <i>(Up to one year)</i>	
<input type="checkbox"/> Intermittent		<input type="checkbox"/> Emergency <i>(45 days or less)</i>		<input type="checkbox"/> Intermittent		<input type="checkbox"/> Emergency <i>(45 days or less)</i>	
		<input type="checkbox"/> Seasonal				<input type="checkbox"/> Seasonal	
		<input type="checkbox"/> Temporary Unclassified				<input type="checkbox"/> Temporary Unclassified	
Department		Division		Department		Division	
Supervisor				Supervisor			
Comments							

EFFECTIVE DATES

<i>(If applicable)</i>	
Begin:	End:

If requested action will result in changes to campus contact information, such as mail code, phone, etc, complete an On-Campus Change Form.

Form requires ALL applicable signatures prior to sending to HR!

REVIEWED & APPROVED

NOTE: Ensure all information is complete before signing and routing for next signature.

1. _____ Department Chair/Director/Supervisor	4. _____ Grant Budget Authority <i>(If applicable)</i>
Date	Date
2. _____ Dean <i>(If applicable)</i>	5. _____ Budget Authorization
Date	Date
3. _____ President or Vice President	6. _____ Human Resources
Date	Date

HUMAN RESOURCES ONLY

Class Code	Opt Code	Barg	Work Area	Empl Cond	Empl Stat	Prob End	Salary Rt/Step	Next Increase	Comp Cd	OT Code	FLSA
											<input type="checkbox"/> Exempt Prof
											<input type="checkbox"/> Exempt Admin
											<input type="checkbox"/> Exempt Comb
											<input type="checkbox"/> Exempt ExecTest
											<input type="checkbox"/> Nonexempt
Action	Reason	Retrmt Plan	Retrmt Status	Supplemental Plan	Check Applicable	Eligibility Date	Employer Contribution	Lv Auth			
					<input type="checkbox"/> Insurance Eligible <input type="checkbox"/> Summer Deposit		<input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/> None				