

# 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 &amp; 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 &amp; 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 &amp; requested dept. in sections below)</i>	<input type="checkbox"/> Layoff	
<input type="checkbox"/> Reappointment/Extension	<input type="checkbox"/> Non-Certification	
<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"/> Return from Leave <i>(Complete "Effective Dates" below)</i>
	<input type="checkbox"/> Termination	

### EXISTING/FROM

### REQUESTED/TO

Classification	Position No.	Classification	Position No.
<b>Barg Unit</b>	<b>FTE</b>	<b>Barg Unit</b>	<b>FTE</b>
<b>Account No.</b>		<b>Account No.</b>	
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
<b>Department</b>	<b>Division</b>	<b>Department</b>	<b>Division</b>
<b>Supervisor</b>		<b>Supervisor</b>	
<b>Comments/Justification</b>			

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

### HUMAN RESOURCES ONLY

Class Code	Barg No.	Empl Condition	Empl Status	Probation End	Salary Rate/Step	Next Increase	Comp Code	OT Code	FLSA
									<input type="checkbox"/> Exempt Prof <input type="checkbox"/> Exempt Admin <input type="checkbox"/> Exempt Comb <input type="checkbox"/> Exempt Exec Test <input type="checkbox"/> Nonexempt
<b>Action</b>	<b>Reason</b>	<b>Retrmt Plan</b>	<b>Retrmt Status</b>	<b>Supplemental Plan</b>	<b>Check Applicable</b>	<b>Eligibility Date</b>	<b>Employer Contribution</b>	<b>Lv Auth</b>	
					<input type="checkbox"/> Insurance Eligible <input type="checkbox"/> Summer Deposit		<input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/> None		