



HUMAN RESOURCES ACTION FORM

(Faculty, Staff, Temporary, Part-time Faculty, Non-paid Affiliates, Students or Casual Laborer)

Today's Date HRAF must be submitted and approved before the effective Date		EMPLOYEE'S NAME: RAM ID# [900-] <hr/> Last Name First Name Middle Initial						
Effective Date of Action: End Date of Action:		INDIVIDUAL BEING REPLACED: (Complete if the position has been vacated by the person below.) <hr/> Last Name First Name Middle Initial						
REQUESTED ACTION → <i>Please Select</i>	New Hire	Pay Change Documentation Required	Promotion Documentation Required	Title Change	Account Number Change	Account Number Change	Added Pay Documentation Required	
	Student Hire	Full-time to Part-time	Part-time to Full-time	Temporary to Part-time	Temporary to Full-time	Rehired Retiree Documentation Required	Reports to / Time off Approver Change	
EMPLOYMENT STATUS → <i>HR / Budget use only</i>	Faculty 10-month (22F)	Faculty 12-month (22Y)	10 Month Non-Exempt (22J)	Full-Time Hourly (22H)	Limited-Term Faculty (22F) 2-year Appointment	Staff BW (22H)	Staff 12-month Salaried (22A)	Staff 10-month Salaried (22X)
	Temporary Employee (22C)	Temporary Salaried (22L)	Regular Employee (22C)	Non-Paid Affiliate (22N)	Student Assistant (22T)	Federal Work-Study (22W)	Grad Assistant (22G)	Faculty 19 hours or <less (22P)
Required Data From Department			Current Data			New Data		
Account Number #1 Fund-Department-Program-Class-Project								
Account Number #2 Fund-Department-Program-Class-Project								
Salary Amount or Change →			\$			\$		
Position Title:								
Position Number:								
BCAT / Job Code <i>(Obtain from Human Resources)</i>								
Department Name:								
Reports To (Supervisor)								
Time Off Approver: <i>Person Approving Timecard Each Pay-period</i>								
REQUIRED SIGNATURES – First, secure all necessary signatures then route to Budgets Office for funding approval The Budgets Office will send an approved copy to HR to process following review/approval.								
Department Head / Dean					Budgets			
Vice President/Provost					Human Resources			
Signature – Title III (if applicable) or -- Office of Research and Sponsored Programs (ORSP)								
<i>HR Action Form. version.2</i> (Please allow 30 days for processing)								