PERSONNEL ACTION DOCUMENT
CHANGE OF EMPLOYEE STATUS

Name _____ _____ _____
(Last) (First) (Initial)

Effective Date _____ Social Security # _____ Department _____

Title/Class _____ Position Number # _____

☐ Faculty ☐ Administrator ☐ Tech Pro ☐ Classified ☐ Classified Temp ☐ Student Hourly

SEPARATION FROM PAYROLL

Last Day at Work _____ Calculated End Time (CET) _____

Unused Annual Leave (Days) _____ Sick Leave Balance at Time of Termination _____

☐ Resignation ☐ End of Temporary Assignment

☐ Dismissal *(Contact the Office of Human Resources Before Initiating Dismissal Actions)*

☐ Retirement ☐ Regular ☐ Disability ☐ Early

☐ Separation for Appointment to Another State Agency Agency Name _____

☐ **Leave Without Pay** From _____ (date) Through _____ (date)

☐ **Military Leave** From _____ (date) Through _____ (date)

☐ **Sabbatical Leave** From _____ (date) Through _____ (date)

EMPLOYEE STATUS CHANGE

☐ Salary Rate Change From _____ Through _____

☐ Change in Appointment % From _____ Through _____

POSITION CHANGE

☐ Position Number Change From _____ Through _____

☐ Division Transfer From _____ Through _____

☐ Title Change From _____ Through _____

COST CENTER CHANGE

Previous Cost Center			New Cost Center		
Cost Center #	Object Code	Amount	Cost Center #	Object Code	Amount

I Have Received a Copy of the Above Changes to My Employment _____ _____
Employee Signature Date

_____ _____ _____ _____
Supervisor Date Human Resources Date

_____ _____
Next Level Supervisor Date

NAME/PHONE/ADDRESS CHANGE Effective Date: _____

Name: _____ Address: _____

Phone: _____ _____

Employee Signature: _____ Date: _____

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