

PERSONNEL ACTION DOCUMENT

CHANGE OF EMPLOYEE STATUS

Name _____ S# _____
(Last) (First)

Effective Date _____ Department _____ Position# _____

☐ Administrator ☐ Tech Pro ☐ Classified ☐ Faculty ☐ Instructor ☐ Hourly ☐ Student Employee ☐ Work Study
☐ Temporary Classified

EMPLOYEE STATUS CHANGE Reason _____

☐ Classification Change From _____ To _____
☐ Appointment % Change From _____ To _____
☐ Salary Rate Change From _____ To _____
☐ Department Transfer From _____ To _____
☐ Department Home Org Change From _____ To _____
☐ Position Number Change From _____ To _____
☐ Title Change From _____ To _____
☐ Supervisor Change From _____ To _____

FUNDING ORG CODE CHANGE

From: ORG CODE _____ Percent _____ To: ORG CODE _____ Percent _____
From: ORG CODE _____ Percent _____ To: ORG CODE _____ Percent _____

LEAVE (CHECK ALL THAT APPLY) ☐ With Benefits ☐ Without Benefits ☐ Return From Leave
☐ FMLA ☐ Leave Without Pay ☐ Medical ☐ Military ☐ Sabbatical ☐ Worker's Comp ☐ Other _____
Date From _____ Date Through _____ Total Hours _____

SEPARATION FROM EMPLOYMENT

Last Date Worked _____ Unused Annual Leave _____ (HRS) Unused Sick Leave _____ (HRS)
☐ Dismissal (Contact the Human Resources Office Prior to Initiating Dismissal Actions) Retirement Payout? ☐ Yes / ☐ No
☐ End of Temp Appt. ☐ Resignation ☐ Retirement ☐ Transfer to Another Agency – Agency Name _____
☐ 120 Day List ☐ 90 Day No Pay List ☐ 60 Day No Pay List ☐ Other ☐ Term Banner Access

***Please note: Only original signatures will be accepted. Please do not sign electronically.
All signatures are required.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

HR Signature _____ Date _____

Second Level Supervisor Signature _____ Date _____

NBAPOSN	PPACERT	PDABCOV		PTRUSER (supervisor OT eligible)
NBAPBUD	NBAJOBS	GXADIRD	PEALEAV LEAVE ADJ	NBAORGN
PPAIDEN	PDABDSU	Ins Enroll/Term	PEAESCH	Copy for Payroll
PEAEMPL	PDADEDN	BenefitSolver	NTRRQUE (1 person, hrly)	BDM Scanned
PPAGENL	PDABENE	Update Distro Lists	NBAJQUE (multiple people on same #, hrly)	40 AUDIT _____