

# Personnel Transaction

## Appointment/Change of Employment Status

### I – ORIGINATOR (Forward all copies.)

Effective Date(s)				
From		Thru		
Name		SUPERVISOR		Line Item No.
Address (New appt.)			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	FTE/%FT
Campus Title & Grade			Department	
Budget Title			Supervisor	
Funding Source			Salary or Fee per	
			<input type="checkbox"/> Year <input type="checkbox"/> Hour <input type="checkbox"/> Contract Period	
Remarks			Account Number	
<b>COMPLETE EITHER SECTION A OR B BEFORE FISCAL APPROVAL WILL BE GRATED</b>				
<b>A. Cost Factors (Temporary Service)</b>	Total Hrs./Wks	Rate	FY Total	Project Total
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>B. Salary Change</b>	Current Salary	Salary Change	New Salary	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Originator's Signature			Date	

### II – APPROVALS

<input type="checkbox"/> President (If required)	_____	_____
	Signature	Date
<input type="checkbox"/> Authorized Account Signature	_____	_____
	Signature	Date
<input type="checkbox"/> Vice President	_____	_____
	Signature	Date
<input type="checkbox"/> Human Resources	_____	_____
	Signature	Date
<input type="checkbox"/> Budget	_____	_____
	Signature	Date
<input type="checkbox"/> VP for Administration	_____	_____
	Signature	Date