

# Personnel Transaction *Appointment/Change of Employment Status*

## I - ORIGINATOR (Forward all copies.)

Effective Date(s) From _____ Thru _____	Full Time Part Time	FTE/PT%
Name	Department	
Address (New appt.)	Supervisor	
Campus Title	Salary or Fee per \$ _____	Year Hour Contract Period
Budget Title & Grade	Account Number	
	PSR	TS
Remarks		
<b>COMPLETE EITHER SECTION A OR B BEFORE FISCAL APPROVAL WILL BE GRANTED</b>		
<b>A. Cost Factors</b> (Temporary Service)	Total Hrs./Wks	Rate
		FY Total
		Project Total
<b>B. Salary Change</b>	Current Salary	Salary Change
		New Salary
Originator's Signature _____		Date _____

## II - APPROVALS

- President (If required)
 

Signature

Date
- Authorized Account Signature
 

Signature

Date
- Vice President
 

Signature

Date
- Human Resources
 

Signature

Date
- Budget
 

Signature

Date
- VP for Administration
 

Signature

Date

## III - HUMAN RESOURCES USE ONLY

Payroll Dates:	SSN:	DOB:
Line Item No.	Gender : M F	Benefits Eligible: Y or N
Appt Code: Adm Cont Ctnq Perm Prov Temp Term	Notice Date:	
Pay Basis: Ann Hry Dly Cal CYF BIW Fee	HIR REH	Employee #
Obligation : Cal Yr. Acad Yr.	College Year (CY no obligation from _____ to _____ )	