

Personnel Transaction *Appointment/Change of Employment Status*

I - ORIGINATOR (Forward all copies.)

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

II - APPROVALS

- | | | |
|---|-----------|-------|
| <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"/> Benefits | _____ | _____ |
| | Signature | Date |
| <input type="checkbox"/> Budget | _____ | _____ |
| | Signature | Date |
| <input type="checkbox"/> VP for Administration | _____ | _____ |
| | Signature | Date |
| <input type="checkbox"/> President (if required) | _____ | _____ |
| | 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 Ctnng Prob Perm Prov Temp Term	Notice Date:	
Pay Basis: Ann Hry Dly Cal CYF BIW Fee	HIR REH CCH	Employee #
Obligation : Cal Yr. Acad Yr.	College Year (CY no obligation from _____ to _____)	