

Employee Name (Last, First Middle Initial)	Employee Number	Requested Effective Date
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HIRE ACTION

- New Hire
- Rehire
- Limited to Career
- Campus Transfer
- Break & Rehire
- Additional Appt.
- Work Study
- Dual Employment
- Overtime Appt
- Extend Appointment

CHANGE IN PAY RATE

- Merit Increase
 - Manual Range Adjustment
 - Limited Increase
 - Other
- (Explain in Comments)

CHANGE IN STATUS

- Promotion
- Demotion
- Pay Schedule Change
- Student Status Change

<input type="checkbox"/> BUDGET ACTION	<input type="checkbox"/> UPAY Required or Expense Transfer Required
<input type="checkbox"/> Change Funding	Fund Change Requested By: _____ Date _____
<input type="checkbox"/> Change Cost Center	Fund Manager Review By: _____ Date _____
<input type="checkbox"/> Change Account	Fund Manager Comments: _____
<input type="checkbox"/> Change Percent of Time	

SEPARATION EFFECTIVE	Last Day Worked	Last Day On Pay Status	Reason for Separation	Destination
SL	TVP	TCP	ID Card <input type="checkbox"/> AIS Pad <input type="checkbox"/>	Keys <input type="checkbox"/> COBRA <input type="checkbox"/> UCRS Distribution Kit <input type="checkbox"/> Parking Cancellation <input type="checkbox"/>

LEAVE OF ABSENCE Reason _____ Begin Date _____ Expected Return _____ FMLA Eligible

APPOINTMENT & DISTRIBUTIONS

ACADEMIC APPOINTMENT (Submit Worksheet to reflect pay distributions)

STAFF PERSONNEL

- PPS
- MSP
- Per Diem
- SMG
- Certification

- Appointment Type**
- Regular/Career
 - Limited
 - Casual/Restricted
 - Contract

- Student Status**
- Undergraduate
 - Graduate
 - Not Registered

- Shift Differential**
- Evening
 - Night
 - Rotating

- FLSA Status**
- Exempt
 - Non-Exempt

Payroll Title _____ Title Code _____ Step/Grade _____ Filling Requisition # _____

Appt. End Date _____ Rate of Pay _____ Per _____ Percent Appointed _____ ER Code _____

Account Name	Acct. Number	Cost Center	Fund	Sub	Proj. Code	Percent

Division	Supervisor Name	Supv. Phone	Birthdate	
Work Loc. & Mail Code	E-Mail Address	Work Phone		<input type="checkbox"/> Electronic Time Sheet

COMMENTS / DESCRIPTION OF ACTION

Requested By: _____	Admin. Name _____	Prepared by _____	Extension _____
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