

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 \$ Contract Period	Year Hour
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

- ☐ Authorized Account Signature

Signature

Date _____

- Vice President

Signature

Date _____

- Human Resources

Signature

Date

- **Benefits**

Signature

Date _____

- Budget

Signature

Date _____

- VP for Administration

Signature

Date _____

- ☐ 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 Ctng 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)							