



NON-ACADEMIC PERSONNEL ACTION NOTICE

Name of employee _____ Banner ID# _____ Effective Date* _____

**Please note that effective date is contingent upon final approval by the President.*

Title _____ Position # _____

COMPLETE THE APPROPRIATE SECTIONS BELOW.

I. New Employee

(Attach copy of application, transcripts and verification of references.)

(a) Name and title of person employee replaces (or indicate new position).

(b) Date former employee terminates _____

(c) Is position in your budget? Yes No

(d) Is the position externally funded? Yes No

(e) Annual salary \$ _____ Number of months _____

Hourly wage \$ _____

If hourly, estimate number of hours per week _____
(If full time, show 40 hrs.)

Reduced schedule with full benefits

II. Resignation or Separation

Attach letter of resignation if available.
(In case employee has left but did not resign, information must be supplied by supervisor.)

Signature of employee leaving _____

Department _____

III. Transfer

(Answer questions 1a & 1b above, also)

Former Department _____

New Department _____

(If change in title or salary because of transfer complete item IV also.)

IV. Promotion (or salary change)

New Salary/Wage _____

New Title _____

Requesting a Salary Change –

Attach a separate sheet describing in detail the job standards, the employee's performance and how the performance regularly exceeds standards. Do not describe work as superior; instead provide factual data to support conclusion. If duties are being substantially increased, list former duties and new responsibilities.

V. Change in Hours

Former hours per week _____ New hours per week _____

Budget/Payroll Information

Fund _____ Orgn _____ Account _____ Program _____ E-Class _____

Supervisor's Recommendation _____ Date _____ Department _____
Signature

Comments: _____

Director/Chair/Dean's Approval _____ Date _____

Appropriate President's Staff Approval _____ Date _____

Budget Director's Certification of Funding _____ Date _____

President's Signature _____ Approved Not Approved

Date _____ Delayed Pending _____

Original to Payroll, photocopies to Budget, President, Requesting Office, Human Resources, and other offices as appropriate.