

**Augusta State University
Personnel Action Request**

SECTION I - POSITION CLASSIFICATION ACTION

(Please check appropriate actions)

Create New Position * Modify Existing Position * Fill a Vacant Position

Department: _____	Job Title: _____	Pay Rate: _____ <input type="checkbox"/> Hourly(Non-exempt) <input type="checkbox"/> Annually(Exempt)
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Effective Date: _____ Position #: _____
(Leave blank if requesting a new position)

*(*If requesting a new or modifying an existing position, please complete Section II. A current job description and reclassification form must be attached, if requesting a new position or reclassification of an existing position and forwarded to Human Resources for approval.)*

Contact's Name

Office Phone #

Dept. Head's Signature/Date

SECTION II - *CREATE/MODIFY POSITION

(Please check appropriate box.)

New Position Reclassification Title Change Only FTE Adjustment Other _____

Proposed Job Title: _____	Pay Rate: _____ <small>(HR Use Only)</small>	Proposed Effective Date: _____
Approved Job Title: <small>(HR Use Only)</small> _____	<input type="checkbox"/> Hourly <small>(Non-exempt)</small> <input type="checkbox"/> Annually <small>(Exempt)</small>	Approved Effective Date: <small>(HR Use Only)</small> _____
BCAT/PG: <small>(HR Use Only)</small> _____	Employment Status: <input type="checkbox"/> Regular Part-time <input type="checkbox"/> Regular Full-time	FTE: _____ STD Hrs. _____

FUNDING SOURCE (Funding source must be secured prior to setting up positions.)

Account Type	Dept #	Project ID #	Percent	Proposed Salary Amount
<input type="checkbox"/> ASU (Regular Dept.)	Leave Blank			
<input type="checkbox"/> Grant				
<input type="checkbox"/> Grant				

Has funding source been secured? YES NO (If no, please contact the Budget Office.)
Is this a uniquely funded position? YES NO (If yes, please list home and funding departments below.)

Home Dept: _____ Funding Dept: _____

Approval:

(Dept. Head/Supervisor's Signature/Date)

(HR Director's Signature/Date)

Comments:

SECTION III - EMPLOYMENT ACTION

Is this employee currently employed by another USG institution? no yes, where? _____

Last Name	First Name	Middle Name	Employee ID #: (Not SSN, if unknown leave blank) <input type="checkbox"/> Check this box if this is an additional job.
Department	Time Sheet Approver Name	Department Manager	

Action

Effective Date: (Date of Action) _____ All Temporary Hires End Date: _____	Type of Action (Check only one) <table style="width:100%; border:none;"> <tr> <td style="text-align:center;"><i>Start work</i></td> <td style="text-align:center;"><i>Modification</i></td> <td style="text-align:center;"><i>Stop Work</i></td> </tr> <tr> <td><input type="checkbox"/> Hire</td> <td><input type="checkbox"/> Promotion</td> <td><input type="checkbox"/> Data Change</td> </tr> <tr> <td><input type="checkbox"/> Rehire</td> <td><input type="checkbox"/> Demotion</td> <td><input type="checkbox"/> Dept Change</td> </tr> <tr> <td><input type="checkbox"/> Return from LOA</td> <td><input type="checkbox"/> Pay Rate Chg</td> <td><input type="checkbox"/> Reclassification</td> </tr> <tr> <td><input type="checkbox"/> Transfer from Affiliate</td> <td><input type="checkbox"/> Position Chg</td> <td><input type="checkbox"/> Suspension</td> </tr> </table>	<i>Start work</i>	<i>Modification</i>	<i>Stop Work</i>	<input type="checkbox"/> Hire	<input type="checkbox"/> Promotion	<input type="checkbox"/> Data Change	<input type="checkbox"/> Rehire	<input type="checkbox"/> Demotion	<input type="checkbox"/> Dept Change	<input type="checkbox"/> Return from LOA	<input type="checkbox"/> Pay Rate Chg	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Transfer from Affiliate	<input type="checkbox"/> Position Chg	<input type="checkbox"/> Suspension	For all Terminations Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No (Provide written reason to HR if Not Eligible for Rehire)
<i>Start work</i>	<i>Modification</i>	<i>Stop Work</i>															
<input type="checkbox"/> Hire	<input type="checkbox"/> Promotion	<input type="checkbox"/> Data Change															
<input type="checkbox"/> Rehire	<input type="checkbox"/> Demotion	<input type="checkbox"/> Dept Change															
<input type="checkbox"/> Return from LOA	<input type="checkbox"/> Pay Rate Chg	<input type="checkbox"/> Reclassification															
<input type="checkbox"/> Transfer from Affiliate	<input type="checkbox"/> Position Chg	<input type="checkbox"/> Suspension															

Position

Position # (Leave blank if requesting a new position)	Job Title	FTE (Hours worked per week)	HR Use Only: _____ Retirement Setup _____ TLM Setup BB:
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Payroll

<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Regular <input type="checkbox"/> Temporary (No benefits)	Employee Class: <u>Benefits Eligible</u> <input type="checkbox"/> Staff/Hourly (Hourly) <input type="checkbox"/> Professional Admin (Monthly) <i>Exempt (Monthly) Non-exempt (Hourly)</i>	Employee Class: <u>Non-Benefitted</u> <input type="checkbox"/> College Work Study (Hourly) <input type="checkbox"/> Student Assistant (Hourly) <input type="checkbox"/> PT Clerical (Hourly) <input type="checkbox"/> PT Admin . Prof (Monthly) <input type="checkbox"/> Continuing Ed. Instructor (Monthly)
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Pay Rate \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually (Benefit Prof Admin Only)	Pay Frequency <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly
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Funding source:

Account Type	Dept #	Project ID #	Percent
<input type="checkbox"/> ASU (Regular Dept.)	Leave Blank		
<input type="checkbox"/> Grant/Other Acct			
<input type="checkbox"/> Grant/Other Acct			

Comments:

_____ Dept Head	_____ Date	_____ *Vice President	_____ Date
_____ HR Officer		_____ Date	

***VP Signature needed on pay changes for benefit eligible employees only.**