

# REQUEST FOR PERSONNEL ACTION

## Polk State College

NAME OF EMPLOYEE	PID NUMBER	PAYROLL CLASSIFICATION TITLES*
		CAREER _____ PROF./TECH. _____ ADMINISTRATIVE _____ FACULTY: <input type="checkbox"/> F/T CLASSROOM <input type="checkbox"/> P/T CLASSROOM <input type="checkbox"/> P/T NONCLASS <input type="checkbox"/> INST. AIDE <input type="checkbox"/> COACHING SUP. <input type="checkbox"/> OTHER:

COMPLETE ALL ITEMS IN THE IDENTIFICATION SECTION					
DIV/DEPT NAME	ORG UNIT NUMBER	QUAL 1 LOCATION	TODAY'S DATE	REQUESTED DATE OF PERSONNEL ACTION	TIME & ATT ORG

PAY PLAN, OBJECT CODE, AND PAY GRADE			
<b>ADMINISTRATIVE:</b> <input type="checkbox"/> 51000 <input type="checkbox"/> 51100 <input type="checkbox"/> 51200 <input type="checkbox"/> 51500	<b>INSTRUCTIONAL:</b> <input type="checkbox"/> 52001 <input type="checkbox"/> 52002 <input type="checkbox"/> 52100 <input type="checkbox"/> 52200 <input type="checkbox"/> 53000 <input type="checkbox"/> 53002 <input type="checkbox"/> 53500 <input type="checkbox"/> 56001 <input type="checkbox"/> 56100 <input type="checkbox"/> 56500	<b>CAREER:</b> <input type="checkbox"/> 54000 <input type="checkbox"/> 54002 <input type="checkbox"/> 54500 <input type="checkbox"/> 57000 <input type="checkbox"/> 58100 <input type="checkbox"/> 58300	<b>PROF/TECH:</b> <input type="checkbox"/> 52001 <input type="checkbox"/> 52005 <input type="checkbox"/> 53000 <input type="checkbox"/> 56500

EMPLOYMENT CONDITION	EMPLOYMENT TYPE	Pay Grade
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	<input type="checkbox"/> REGULAR <input type="checkbox"/> TEMPORARY	<b>**For temporary employment list special restrictions and /or termination date in remarks column.</b> ELIGIBLE FOR NIGHT DIFFERENTIAL <input type="checkbox"/>

COMPLETE APPROPRIATE ITEMS IN THE ACTION SECTION	
<b>CHANGES (Place additional information in REMARKS section)</b>	<input type="checkbox"/> SABBATICAL LEAVE <input type="checkbox"/> OTHER
<input type="checkbox"/> RE-ASSIGNED <input type="checkbox"/> PROMOTION <input type="checkbox"/> DEMOTION <input type="checkbox"/> (EXTENDED PROFESSIONAL LEAVE) <input type="checkbox"/> WITH PAY <input type="checkbox"/> W/O PAY	
<b>TERMINATIONS</b>	<input type="checkbox"/> DISABILITY OR DEATH <input type="checkbox"/> INVOLUNTARY TERMINATION <input type="checkbox"/> RETIREMENT <input type="checkbox"/> NOT REAPPOINTED <input type="checkbox"/> COMPLETED TASK OR TERMINATION OF EMPLOYMENT <input type="checkbox"/> RESIGNATION

**ANNUAL BUDGET AMOUNT:** \_\_\_\_\_

<b>REMARKS</b>	<b>CHECK DIST.</b> <input type="checkbox"/> W.H <input type="checkbox"/> LKLD <input type="checkbox"/> MAIL
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<b>CAMPUS LOCATION</b> <input type="checkbox"/> LKLD <input type="checkbox"/> LK WLS <input type="checkbox"/> WH <input type="checkbox"/> AIRSIDE <input type="checkbox"/> WAD BUILDING/ROOM # _____ PHONE NO/EXT. _____	<b>SALARY DATA</b> <input type="checkbox"/> Annual \$ _____ <input type="checkbox"/> Monthly \$ _____ <input type="checkbox"/> Hourly \$ _____ <small>FOR HUMAN RESOURCE OFFICE USE ONLY</small>	<b>DIRECTOR OF HUMAN RESOURCES</b> _____ INITIALS                      DATE	<b>EFFECTIVE DATE OF PERSONNEL ACTION</b> _____
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SIGNATURES	DATE	SIGNATURES	DATE
COMPLETED BY		VICE PRESIDENT	
DIRECTOR		PROVOST	
DEAN		PRESIDENT	

SIGNED FILE COPY WILL BE RETURNED TO ORIGINATOR.