

# REQUEST FOR PERSONNEL ACTION

## Polk State College

| NAME OF EMPLOYEE | PID NUMBER | PAYROLL CLASSIFICATION TITLES*                                                                                                                                                                                                                                                                             |
|------------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                  |            | CAREER _____<br>PROF./TECH. _____<br>ADMINISTRATIVE _____<br>FACULTY: <input type="checkbox"/> F/T CLASSROOM <input type="checkbox"/> P/T CLASSROOM<br><input type="checkbox"/> P/T NONCLASS <input type="checkbox"/> INST. AIDE <input type="checkbox"/> COACHING SUP.<br><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><br><input type="checkbox"/> 51000 <input type="checkbox"/> 51100<br><input type="checkbox"/> 51200 <input type="checkbox"/> 51500 | <b>INSTRUCTIONAL:</b> <input type="checkbox"/> 52001 <input type="checkbox"/> 52002<br><input type="checkbox"/> 52100 <input type="checkbox"/> 52200 <input type="checkbox"/> 53000 <input type="checkbox"/> 53002<br><input type="checkbox"/> 53500 <input type="checkbox"/> 56001 <input type="checkbox"/> 56100 <input type="checkbox"/> 56500 | <b>CAREER:</b><br><input type="checkbox"/> 54000 <input type="checkbox"/> 54002 <input type="checkbox"/> 54500<br><input type="checkbox"/> 57000 <input type="checkbox"/> 58100 <input type="checkbox"/> 58300 | <b>PROF/TECH:</b><br><input type="checkbox"/> 52001 <input type="checkbox"/> 52005<br><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><br>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<br><input type="checkbox"/> NOT REAPPOINTED <input type="checkbox"/> COMPLETED TASK OR TERMINATION OF EMPLOYMENT<br><input type="checkbox"/> RESIGNATION |

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

|                                               |                                                                                                             |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>REMARKS</b><br><br>_____<br>_____<br>_____ | <b>CHECK DIST.</b> <input type="checkbox"/> W.H <input type="checkbox"/> LKLD <input type="checkbox"/> MAIL |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                              |                                                                                       |                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>CAMPUS LOCATION</b><br><input type="checkbox"/> LKLD <input type="checkbox"/> LK WLS<br><input type="checkbox"/> WH <input type="checkbox"/> AIRSIDE<br><input type="checkbox"/> WAD<br>BUILDING/ROOM # _____<br>PHONE NO/EXT. _____ | <b>SALARY DATA</b><br><input type="checkbox"/> Annual \$ _____<br><input type="checkbox"/> Monthly \$ _____<br><input type="checkbox"/> Hourly \$ _____<br><small>FOR HUMAN RESOURCE OFFICE USE ONLY</small> | <b>DIRECTOR OF HUMAN RESOURCES</b><br><br>_____<br>INITIALS                      DATE | <b>EFFECTIVE DATE OF PERSONNEL ACTION</b><br><br>_____ |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------|

| SIGNATURES   | DATE | SIGNATURES     | DATE |
|--------------|------|----------------|------|
| COMPLETED BY |      | VICE PRESIDENT |      |
| DIRECTOR     |      | PROVOST        |      |
| DEAN         |      | PRESIDENT      |      |

SIGNED FILE COPY WILL BE RETURNED TO ORIGINATOR.