

ENST Personnel Action Form

Must be submitted and approved PRIOR to all personnel actions.

Hire Rehire Additional Job First Day Worked: _____ Department ID: _____
 Effective Date of Requested Change: _____ Terminate (Last day worked): _____
 Personnel Change Requested: Account Hours/Pay Rate Title Supervisor Phone/Address
 Other; please specify: _____

**EMPLOYMENT MAY NOT BEGIN PRIOR TO THIS FORM BEING APPROVED.
 Completed hiring paperwork must be to CUHR within 2 calendar days of actual start date!
 Information will be entered exactly as listed on this form. Please ensure all is correct.**

Employee Type: Permanent Temp Grant Time Limited Temporary Intermittent Student

Employee Name: _____ Employee ID# (if not a new hire): _____

Supervisor Name: _____ Supervisor Employee ID#: _____ Supervisor Posn#: _____

Job Title/Student Classification: _____ Job Code: _____

Student ID: _____ Graduate Student: Master PhD Credit Hours Enrolled: _____

GAD Account for Graduate Student on Assistantship: _____

Office Address: _____ Office Phone: _____ Hours per week: _____

9 Month Rate: \$ _____ 12 Month Rate: \$ _____ Hourly Rate: \$ _____

Other Pay Rate: If different from above annual or hourly pay, please specify how to pay (e.g.: total for one semester, total dollars to be paid over other specified period of time, etc.)

Additional details for pay: _____

Enter Numeric Chart Fields with Percentage(s) or Amount(s) below:

Acct (NO Xs)	Fund	Department	Program	Class	Project	Percentage	Amount

Request Completed By: _____ Date: _____

Supervisor/PI Signature: _____ Date: _____

Acct/Grant Coord Signature: _____ Date: _____

Dept Head Signature: _____ Date: _____

Grants Coordinator and Principal Investigator (PI) are required to sign for grant projects (Fund 20).

Signatures on this request verify correct chart field(s) and available sufficient funds for this HR action.