

Personnel Action Form

 $\label{lem:https://www.centralstate.edu/about-csu-administration/human-resources} \end{substitute} \begin{substitute} \begin{$

The section numbers indicated under each selection are mandatory completion.

Shaded section completed by Human Resources

Faculty Adjunct Faculty Staff Graduate Assistant

	T													Effective Date			
1	Name (First,	iviladie, La	St)					MA	LE	Social Security No.			Start		End		
								FEMALE									
	Type Of Persor	nel Action(s)	- Complete Sections Liste	d For Action(s)	Checked.												
	New Hire	Internal	Add'l	Change in	Change in	Title Change	Corrections	Summer	Ove	rload I	Promotion	TWL	Leave	Voluntary	Involuntary	COE	
SNC	Rehire	Transfer	Services Supplemental Pay	Pay Rate	Account							Interim ,	of Absence	Separation	Separation		
Ĕ			,														
PERSONNEL ACTIONS																	
ž	Section	Section	Section	Section	Section	Section	Section	Section		ection			Section	Section	Section	Section	
SO	1,2,3,6	1,2,3,6	1,2,3,6	1,2,3,6	1,2,3,6	1,2,3,6	1,2,3,6	1,2,3,6		1,2,3,6	1,2,3,6	1,2,3,6	1,3,5,6	1,3,4,6	1,3,4,6	1,2,3,4,6	
PER																	
	Employee Work Location (Building)						Room Number			Office Phone	e Number		Superviso	r			
	Job Title					Department/ Project				ı		Division	<i>i</i> sion				
2																	
	Position N	umber	Fund	ding Source		Pay Fred	quency			Payr	oll		Fu	nd Code	Fund (Code	
ь			E&G Title III	Grants	Foundation	Bi-Weekly	Monthly	Hourly R	ate		Salary Rate						
BUDGET																	
BU	Fund Co	ode	Org Code	Number	Prog	Pe	Percentage				Benefits Eligibility						
											Full-Time Interin		m Part-Time its No le Benefits		Temporary No		
										Full-Time Interin Benefits Benefi Eligible Eligibl		e Benefits		Benefits			
3																	
TS																	
JEN																	
COMMENTS																	
8																	
_																	
4										Leet D	a. Markad						
	Reason												e Separation Process to ensure all required separation				
Š													documentation is submitted to Human Resources.				
SEPARATION	Department-Project/College-Division								Account Number			Job Title	Title				
PAR																	
SEI																	
	Street Address For Forwarding (If Different From Current)						City					State		Zip			
5																	
	Last Day 14	lorkod	Expected Between	Date	Actual D	eturn Date	Early De	turn	Dotus	on Time	Eveta	ncion		Morkey	c Comr ³		
EA	Last Day W	rorked	Expected Return	Date	Actual R	eturn Date	Early Ret	turii	neturn	on time	Exte	nsion		Worker'			
	•											YES NO		1			
	Leave Of Absence Form: RECEIVED PENDING						Type of Leave	:									
							7,		FMLA MEDI		CAL MILITARY P		PERSONAL SABBATIO		CAL Unpaid Leave		
6	0.51 /5																
	1) Director/ Dean						Date	4)	4) Area Vice Pr		e President/ Provost				Date		
	2) Tido III						Dete	-1	F) D. d. d.						Date		
8	2) Title III						Date	5)	5) Budget		ıt.						
PPR																	
₹	3) Grants/Foundation Date							6) Humar		ıman Resources					Date		
	o, siana, sunuation						Jace)°'	. ruillail	nesources			ľ		Date		
	7) Vice President Administration & Finance/CFO Date						Date	8)	Preside	nt					Date		
								ľ									

Revised: 2-2023