


Distribution: Send original and yellow copy to Human Resources. Retain pink. Print on 3-Pt NCR paper.		Human Resources Personnel Action Form			
Name (Last) (First) (MI)		"L" number L0000		Submitting Department / Division	
Time Entry Method: [X] Web [] Department					
Status					
<input type="checkbox"/> New Hire (Attach W-4 & I-9) Date of BU Eligibility: _____		<input type="checkbox"/> Retiree <input type="checkbox"/> Terminated Voluntary <input type="checkbox"/> Terminated Involuntary <input type="checkbox"/> Lay Off		<input type="checkbox"/> F1 Faculty Contracted <input type="checkbox"/> Probationary <input type="checkbox"/> Temporary <input type="checkbox"/> Faculty Deferred Pay (12 mo)	
<input type="checkbox"/> C1 Classified Contracted <input type="checkbox"/> C2 Classified Contracted PT <input type="checkbox"/> Trial Service <input type="checkbox"/> C3 Classified Hourly <input type="checkbox"/> Replacement					

Salary Table

C8 Classified Hourly (80% parity)	FC Faculty Contracted	FP Faculty Part Time	RT Retiree
CC Classified Contracted	FF Faculty - Flight Technology	MC Management Contracted	SP Special Pay
CH Classified Hourly (100% parity)	FH Faculty Hourly	MH Management Hourly	SW Student Worker

Payroll Account Distribution

Position No. (C, M, MR, F, FR, W)	Suffix	F O A P		Labor Dist %	Beginning Date	End Date
Timesheet Org	E-CLS	Job Class	Job Title		Table	Grade Step
Hourly Rate	Annual Salary		Appt %	Assigned Salary	Hours per Pay (Fulltime = 86.67) # of Pay Periods	
Pay Calculations/Comments:						

Department Head or Supervisor (Required) _____ Date _____		Vice President _____ Date _____	
Human Resources (Required) _____ Date _____		President _____ Date _____	