

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"/> F1 Faculty Contracted	<input type="checkbox"/> C1 Classified Contracted
<input type="checkbox"/> Leave w/ Pay w/ Benefits	<input type="checkbox"/> Terminated Voluntary	<input type="checkbox"/> Probationary	<input type="checkbox"/> C2 Classified Contracted PT
<input type="checkbox"/> Leave w/o Pay, w/ Benefits	<input type="checkbox"/> Terminated Involuntary	<input type="checkbox"/> Temporary	<input type="checkbox"/> Trial Service
<input type="checkbox"/> Leave w/o Pay, w/o Benefits	<input type="checkbox"/> Lay Off	<input type="checkbox"/> Faculty Deferred Pay (12 mo)	<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:

Position No. (C, M, MR, F, FR, W)	Suffix	F O A P		Labor Dist %	Beginning Date	End Date
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Pay Calculations/Comments:

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