

Modifications to this form are prohibited.

Employee Name (last,first,MI order) Empl ID# Rec# SSN - -

FROM TO

Effective Date

Action/Action Reason

Position Number

Department Name

HR Department ID

Check Code

Location(Building)

Job Title

Business Title

Standard Hours

Grade

PSSAP Level

% of Time

Hrly Rate or Bi-Wkly Salary

Annual Salary

Position Type: Regular Temporary Benefits Authorized: Yes No

Employee Type: Non-Exempt Staff 35-Wk Min Non-Exempt Staff Hourly Exempt Staff 43-Wk Exempt Staff

Faculty Academic Year Faculty Calendar Year Tenure Decision Date mm/dd/yy

Work Schedule Mon-Fri (8 hrs or 7 1/2 hrs evenly divided) Hourly Other (Attach TL007 Work Schedule Form)

Funding:

HR Acct Code % Enc Amt \$ Enc. End Date Fund Fund Dept ID Project/Grant (PS) Account PI Signature

Comments & Contingencies

Authorized by: Department Head Date Dean/Director Date

Vice-Chancellor/Provost (if applicable) Date Chancellor (if applicable) Date

Form Prepared by: EMAIL Phone# Date

Table with 9 columns: Controller Use, Emp ID, HR Acct, PS Acct, (original) Enc Eff Date, Enc Begin Date, Enc Amt \$, Initials, Date