



# Auxiliary Personnel Action Request

**Please Type**

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EIN \_\_\_\_\_

Name on Social Security Card \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # ( \_\_\_\_\_ ) \_\_\_\_\_ Base/Location \_\_\_\_\_ Dept/Campus Code \_\_\_\_\_

Requested Effective Date \_\_\_\_\_ Actual Effective Date \_\_\_\_\_ Position \_\_\_\_\_

Status Code \_\_\_\_\_ Pay Plan \_\_\_\_\_ Distribution Code \_\_\_\_\_ Former Employee  yes  no

Retiree  yes  no

**Check appropriate box(es):**

**Action Requested:**

- Employment
- To full time
- Transfer from \_\_\_\_\_
- Hours per day change
- Hourly rate change
- Retirement
- Resignation
- Termination
- Exit interview form attached
- Cleared for Payoff
  - yes  no

**Position Classification:**

- Position**
- New approved
  - Replacing \_\_\_\_\_
  - Full time
  - Part Time
  - Part Time/Temporary
  - Student

**Work Schedule:**

- Days** \_\_\_\_\_
- Hours per day** \_\_\_\_\_
- Hourly rate** \_\_\_\_\_

*If yes, date retired* \_\_\_\_\_

- Police/Transportation: passed pre-employment drug test
  - Yes  No

**Comments:**

## For Payroll Use Only

**Payroll Information**

Days Annual \_\_\_\_\_

Days Actual \_\_\_\_\_

Hours Per Day \_\_\_\_\_

Hourly Rate \_\_\_\_\_

Daily Rate \_\_\_\_\_

Annual Salary \_\_\_\_\_

Actual Salary \_\_\_\_\_

**Payroll Set-up/Change**

Paychecks Remaining \_\_\_\_\_

Paycheck Amount/Hours \_\_\_\_\_

Paycheck Effective Date \_\_\_\_\_

State Days Carried Forward/Transferred in: \_\_\_\_\_

State Personal Earned \_\_\_\_\_

Local Personal Earned \_\_\_\_\_

Vacation/Off Duty Earned \_\_\_\_\_

Pay Code \_\_\_\_\_ Class \_\_\_\_\_

Pay Method \_\_\_\_\_ Pay Group \_\_\_\_\_

\_\_\_\_\_  
Administrator Requesting Action Date

\_\_\_\_\_  
Additional approval as required Date

**Inf. Rel.** =  yes  no

\_\_\_\_\_  
Human Resources Director Date

\_\_\_\_\_  
Coordinator of Payroll Date