

## EMPLOYEE REQUISITION/PERSONNEL ACTION REQUEST FORM

Department	Please follow the GENERAL IN			for assistan	ce. Incomp	olete Requi:	<u>sitions</u>	will be re	turned to	the Prepar	er and w	vill delay requ	<u>uested</u>	transaction.		
Retired Anomitant Appointment   Concurrent   Employee's Legal Name   Last, First, Middle Initial (Leave blank for Recruitment)   More   Parell   MPP   Staff   Staff   MPP   Staff   M					D	Department								Extension		
Retired Anomitant Appointment   Concurrent   Employee's Legal Name   Last, First, Middle Initial (Leave blank for Recruitment)   More   Parell   MPP   Staff   Staff   MPP   Staff   M				1D ''												
PART II: ACTION REQUESTED - (Select ALL, that apply) See Guidelines for definitions	☐ Revised Requ	isition	<del>-</del>			nlacement l	Positio	n: (Previ	ous Incum	bent)						
Employee's Legal Name Last, First, Middle Initial (Leave blank for Recountment)    General Fund   None-General Fund   None-Gen	PART I: EMP	LOYE						(								
General Fund														☐ Staff		
Non-General Fund	Employee' Employee'				e's Legal N	ame Last,	, First, N	Middle Initi	al (Leave b	lank for Rec	ruitment)					
Appointment			Votes													
Temporary Appointment   Concurrent   Extended Temporary Appointment (Importance of Canage Superal for Extended Temporary, include Ending Date below)   Ending Date (if temporary):   End		TION R	REQUESTED	– (Select	ALL that					itions						
PART III: POSITION/ASSIGNMENT INFORMATION FROM Current Assignment - Complete all Blocks (Leave Blank for Recruitment) Home Dept Code Range or Grade Position #  Class (Job) Code Classification Title  Working Title Reports to Administrator's Name/Title (MPP) FTE/Time Base Pay Plan AC YR Pay Plan	<ul> <li>□ Temporary Appointment</li> <li>□ Extended Temporary Appointment</li> <li>□ Retired Annuitant Appointment (Limited to 960 hrs p</li> <li>□ Reassignment (If temporary, include Ending Date be</li> <li>□ Emergency Hire</li> </ul>			elow)	er Fiscal year) low)  Demotion Reclassification In-Range/In-Class Progression						Supervisor Change Stipend for: CSUEU 5 CSUEU 7 CSUEU 9 SUPA 8					
FROM   Current Assignment - Complete all Blocks   Class (Job) Code   Home Department Name   Unit Code   Range or Grade   Position #	Effective Date of A	cuon:	Ending Date (11 t	emporary):	Explanation	on of Action:	:									
Home Dept Code   Home Department Name   Unit Code   Home Dept Code   Home Dept Code   Home Department Name   Unit Code	PART III: PO	SITIO	N/ASSIGNM	ENT INF	ORMATI	ON										
Class (Job) Code   Range or Grade   Position #   Class (Job) Code   Range or Grade   Position #   Classification Title    Working Title   Working Title   Working Title   Reports to Administrator's Name/Title (MPP)   Reports to Administrator's Name/Title (MPP)   Reports to Administrator's Name/Title (MPP)   FTE/Time Base   Pay Plan   AC YR   10/12   11/12   PTE/Time Base   Pay Plan   12 MO   11/12   PTE/Time P	FROM	Cur				Blocks	T	O	Prop	osed Assi	gnmen	t – Complet	e all E	Blocks		
Classification Title	Home Dept Code Home Department Name			Unit Code		Home	ome Dept Code Home Department N			Name	lame U		Code			
Working Title  Reports to Administrator's Name/Title (MPP)  FTE/Time Base  Pay Plan   12 MO	Class (Job) Code Range or Grade Po			osition#		Class	(Job) Code	de Range of		r Grade		Position #				
Reports to Administrator's Name/Title (MPP)    FTE/Time Base	Classification Title	I		Į.			Classi	fication Tit	le	<u> </u>		1				
FTE/Time Base	Working Title						Worki	ng Title								
Pay Plan   12 MO   11/12   Pay Plan   12 MO	Reports to Adminis	trator's N	ame/Title (MPP)				Repor	ts to Admir	nistrator's N	Jame/Title (1	MPP)					
\$	Pay Plan					FTE/Time Base Pay Pla			lan	an $=$		_				
PART IV: SIGNATURES/APPROVALS (Complete only those required)  Name of Administrator/Title: Signature: Date: Extension:  Name of Department/Division Director: Signature: Date: Extension:  Name of Department Budget Officer: Signature: Date: Extension:  Name of Vice President/Designee: Signature: Date: Extension:  PART V: HR USE ONLY  Req #: Reimbursed Moving Expenses(if applicable)							FT Mo	onthly Sala	ry Rate			м Пи				
Name of Administrator/Title:  Name of Department/Division Director:  Name of Department Budget Officer:  Name of Department Budget Officer:  Name of Vice President/Designee:  Signature:  Signature:  Date:  Extension:  Name of Vice President/Designee:  Signature:  Date:  Extension:  PART V: HR USE ONLY  Req #:  Reimbursed Moving Expenses(if applicable) Maximum Amount Authorized - \$  Approved %:  Approved %:  Approved %:  Approved %:  Approved %:  Approved %:  Date:  Initials:  Date:  Date:  Documented by:  Initials:  Date:  Initials:  Date:  Initials:  Date:  Initial and Date						\ /	\$	irod)		\$		Mo L Hr	ъ	(MO)		
Name of Department Budget Officer: Signature: Date: Extension:  Name of Vice President/Designee: Signature: Date: Extension:    PART V: HR USE ONLY				OVALS (C		_	requi	ii eu)				Date:		Extension:		
Name of Vice President/Designee: Signature: Signature: Date: Extension:    PART V: HR USE ONLY	Name of Departmen	nt/Divisio	n Director:		Signature:							Date:		Extension:		
PART V: HR USE ONLY         Req #:       Reimbursed Moving Expenses(if applicable) Maximum Amount Authorized - \$ In-Class or Re-Class Approved %: Vacation: Data Transfer Form Received □         Probationary Period       Permanency       MPP Job Code:       Documented by:         Begin:       End:       Date Eligible:       Initials:       Date:         Action Reason:       Tran Code:       Initial and Date	Name of Departmen	nt Budget	Officer:		Signature:							Date:		Extension:		
Req #: Reimbursed Moving Expenses(if applicable)   In-Class or Re-Class   Approved % : Vacation: Data Transfer Form Received   Date From the probability   Period   Date Eligible:   Date Eligible:   Initial and Date   Date   Date Eligible:   Initial and Date   Date Eligible:   Initial and Date   In	Name of Vice Presi	ident/Desi	gnee:		Signature:						Date:		Extension:			
Maximum Amount Authorized - \$   Approved % :   Vacation:   Data Transfer Form Received   Data   Da	PART V: HR	USE O	NLY													
Probationary Period     Permanency     MPP Job Code:     Documented by:       Begin:     End:     Date Eligible:     Initials:     Date:       Action Reason:     Tran Code:     Initial and Date	Req #:		C		plicable)			Class						ceived $\square$		
Action Reason:  Tran Code:  Initial and Date		oationary	Period				<del></del>									
Initial and Date	Begin:	En	id:	Date	e Eligible:						Initials:	Date:				
	Action Reason:	·	Tran Code:									,				
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		Н	R Review	Reci	uiter	Pa	ayroll	roll Letter		er	HR Asstistant		D	Data Entry		

**Requisition Form/Personnel Action Guidelines** 

General Information							
Date	Date form is prepared						
Preparer's Name	The name of the person completing the requisition form						
Department	Requesting Department						
Extension	Telephone extension for the person completing the form						
Revised Requisition	Check for revision or correction of an original requisition						
Recruited Position	New or Replacement position that is recruited						
Part I: Employee Information							
Division	Requesting Division						
Employee Group	Select appropriate employee group - Faculty/MPP/Staff						
Employee ID #	Unique identification number						
Employee's Legal Name	Employee or selected applicant's legal name						
General Fund/Non-General Fund	Check the appropriate box						
Notes	Additional information, if needed						
Part II: Employee Information	110010010010010010010010010010010010010						
Appointment	Initial hire to a recruited probationary/permanent position						
Temporary Appointment	Initial hire to a recruited temporary appointment						
Concurrent Assignment	Appointment to an additional, concurrent assignment						
Extended Temporary Appointment	Extend an existing temporary appointment						
Retired Annuitant Appointment	Appointment of a retired, former employee to an hourly position						
Reassignment	Voluntary or management directed movement						
Emergency Hire	Non-recruited appointment for a short-term position (60-90 days)						
Time Base Change	A change in time-base. An increase may require recruitment						
Demotion	Change in job classification with lower duties and salary range						
	A significant, permanent change in duties that results in a job code or						
Reclassification	skill level change						
In-Range/In-Class Progression	In-Range progression is an increase in salary within a salary range. In- Class progression is movement from one skill level to a higher skill level within a classification.						
Working Title Change	Change of working title without change to current class code title						
Supervisor Change	Change in Supervisor to whom an employee reports						
Stipend Stipend	Indicate the unit for which a stipend payment will be made						
Effective Date of Action and Ending Date	Date the requested assignment/action will begin and end (if temp)						
Explanation of Action	For example - "Filling position vacated by XX"						
Part III: Position/Assignment Information	Tot example - Tilling position vacated by AA						
Home Department Code	Code for Department that owns the position						
Home Department Name	Name of Department that owns the position						
Unit Code	Payroll Warrant Code						
Class (Job) Code	CSU 4-digit classification code aka Job Code						
Range or Grade	CSU specific range or grade for the class code						
Position #	Position Number provided by Budget						
Classification Title	CSU classification title						
Working Title	Working title of the position						
Reports to Administrator's Name/Title	Must be MPP – Position who will approve Absence Management						
FTE/Time Base	Time Base based on a Full-Time Equivalent (FTE) of 1.0						
Pay Plan (Months Off for 10/12 & 11/12 Plans)	Identify two months off for 10/12 plans. Identify one month off for 11/12 plan. Check AC YR for Academic Year positions						
FT Monthly Salary Rate	Monthly base salary						
Actual Salary Rate	Actual salary adjusted by time-base. Monthly for salaried employees and hourly for intermittent employees						
Stipend Amount	Amount of monthly stipend						
Part IV: Signatures/Approvals:	1 mount of monthly superior						
	authorized to approve the requested action						