



## EMPLOYEE REQUISITION/PERSONNEL ACTION REQUEST FORM

Please follow the Requisition Guidelines for assistance. **Incomplete Requisitions will be returned to the Preparer and will delay requested transaction.**

### GENERAL INFORMATION

|  |  |            |           |
|--|--|------------|-----------|
| Date   | Preparer's Name  | Department | Extension |
| <input type="checkbox"/> Revised Requisition | <input type="checkbox"/> Recruited Position<br><input type="checkbox"/> New Position <input type="checkbox"/> Replacement Position: (Previous Incumbent) _____ |            |           |

### PART I: EMPLOYEE INFORMATION

|  |   |
|--|---|
| Division   | Employee Group:<br><input type="checkbox"/> Faculty <input type="checkbox"/> MPP <input type="checkbox"/> Staff |
| Employee ID#   | Employee's Legal Name Last, First, Middle Initial (Leave blank for Recruitment)                                 |
| <input type="checkbox"/> General Fund<br><input type="checkbox"/> Non-General Fund | Notes   |

### PART II: ACTION REQUESTED – (Select ALL that apply) See Guidelines for definitions

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Appointment<br><input type="checkbox"/> Temporary Appointment <input type="checkbox"/> Concurrent<br><input type="checkbox"/> Extended Temporary Appointment<br><input type="checkbox"/> Retired Annuitant Appointment (Limited to 960 hrs per Fiscal year)<br><input type="checkbox"/> Reassignment (If temporary, include Ending Date below)<br><input type="checkbox"/> Emergency Hire | <input type="checkbox"/> Time Base Change<br><input type="checkbox"/> Demotion<br><input type="checkbox"/> Reclassification<br><input type="checkbox"/> In-Range/In-Class Progression | <input type="checkbox"/> Working Title Change<br><input type="checkbox"/> Supervisor Change<br><input type="checkbox"/> Stipend for:<br><input type="checkbox"/> CSUEU 5 <input type="checkbox"/> CSUEU 7<br><input type="checkbox"/> CSUEU 9 <input type="checkbox"/> SUPA 8<br><input type="checkbox"/> APC 4 |
| Effective Date of Action:  | Ending Date (if temporary):   | Explanation of Action:  |

### PART III: POSITION/ASSIGNMENT INFORMATION

| FROM  |  |  | TO  |  |  |
|---|--|--|---|--|--|
| Current Assignment - Complete all Blocks<br>(Leave Blank for Recruitment) |  |  | Proposed Assignment – Complete all Blocks   |  |  |
| Home Dept Code  | Home Department Name   | Unit Code  | Home Dept Code                              | Home Department Name   | Unit Code  |
| Class (Job) Code  | Range or Grade   | Position #   | Class (Job) Code                            | Range or Grade   | Position #   |
| Classification Title  |  |  | Classification Title                        |  |  |
| Working Title   |  |  | Working Title                               |  |  |
| Reports to Administrator's Name/Title (MPP)                               |  |  | Reports to Administrator's Name/Title (MPP) |  |  |
| FTE/Time Base   | Pay Plan   | <input type="checkbox"/> AC YR <input type="checkbox"/> 10/12<br><input type="checkbox"/> 12 MO <input type="checkbox"/> 11/12 | FTE/Time Base                               | Pay Plan   | <input type="checkbox"/> AC YR <input type="checkbox"/> 10/12<br><input type="checkbox"/> 12 MO <input type="checkbox"/> 11/12 |
| FT Monthly Salary Rate<br>\$  | Actual Salary Rate<br>\$ <input type="checkbox"/> Mo <input type="checkbox"/> Hr | Stipend Amt<br>\$ (Mo)   | FT Monthly Salary Rate<br>\$                | Actual Salary Rate<br>\$ <input type="checkbox"/> Mo <input type="checkbox"/> Hr | Stipend Amt<br>\$ (Mo)   |

### 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)<br>Maximum Amount Authorized - \$ | In-Class or Re-Class<br>Approved % : | Transfer of Credits from another State Agency:<br>Vacation:    Data Transfer Form Received <input type="checkbox"/> |
| Probationary Period |   | Permanency                           | MPP Job Code:   |
| Begin:              | End:  | Date Eligible:                       | Documented by:<br>Initials:    Date:  |
| Action Reason:      | Tran Code:  |                                      |   |

Initial and Date

| Log | HR Review | Recruiter | Payroll | Letter | HR Assistant | Data Entry |
|-----|-----------|-----------|---------|--------|--------------|------------|
|     |           |           |         |        |              |            |

| <b>General Information</b>  |   |
|---|---|
| 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   |
| <b>Part I: Employee Information</b>   |   |
| 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   |
| <b>Part II: Employee Information</b>  |   |
| 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   |
| Reclassification  | A significant, permanent change in duties that results in a job code or 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   | 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"  |
| <b>Part III: Position/Assignment Information</b>  |   |
| 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   |
| <b>Part IV: Signatures/Approvals:</b>   |   |
| The names, title, and signature of the individuals authorized to approve the requested action |   |