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**STUDENT 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.***

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| **GENERAL INFORMATION** |  |
| **Date** | **Preparer’s Name** | **Department/Division** |
| **PART I: EMPLOYEE INFORMATION** |  |
| **CHRS ID#** | **Student Employee’s Legal Name**  Last, First, Middle Initial  |
| **PART II: ACTION REQUESTED – (Select ALL that apply) See Guidelines for definitions [ ]  New Hire [ ]  Concurrent Appointment** |
| **[ ]  Student Assistant (1860)** **[ ]  Federal Work Study On Campus (1861)** **[ ]  Federal Work Study Off Campus (1872)****[ ]  Bridge Student Assistant (1874)****[ ]  Bridge FWS On Campus (1875)****[ ]  Bridge FWS Off Campus (1876)** | **[ ]  Non Resident Alien Tax (1868)** | **For Existing Student Employees****[ ]  From Academic Year to Bridge****[ ]  From Bridge to Academic Year** | **[ ]  Salary Change** **[ ]  Working Title Change** **[ ]  Supervisor Change****[ ]  Funding Source Change** |
| Effective Date of Action: | Ending Date: | Explanation of Action:  |
| **PART III: POSITION/ASSIGNMENT INFORMATION**  |
| **FROM** | **Current Assignment -** Complete all Blocks | **TO** | **Proposed Assignment –** Complete all Blocks  |
| Home Dept. Code      | Home Department Name      | Unit Code      | Home Dept. Code      | Home Department Name      | Unit Code      |
| Class (Job) Code      | Skill Level      | Position #       | Class (Job) Code      | Skill Level       | Position #      |
| Working Title  | Working Title  |
| Reports To Administrator’s Name/Title (MPP) | Reports To Administrator’s Name/Title (MPP) |
| TLSS Supervisor’s Name/Title  | TLSS Supervisor’s Name/Title  |
| Hourly Rate $      | Hourly Rate $      |
| **PART IV: SIGNATURES/APPROVALS (Complete only those required)** |
| Name of Administrator (MPP)/Title:       | Signature: | Date:      | Extension:      |
| Name of Department/Division Director:       | Signature: | Date:      | Extension:      |
| Name of Department Budget Officer:      | Signature: | Date:      | Extension:      |
| Name of Financial Aid Representative (required on FWS):      | Signature: | Date:      | Extension:      |
| **PART V: HR USE ONLY**  |
| **Req #:**  | **Background CK:** | **PeopleSoft:** |
| **Initial/Date:** | **Initial/Date:** | **Initial/Date:** |

**California State University Channel Islands Student Requisition Form/Personnel Action Guidelines**

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| General Information |
| Date | Date form is prepared |
| Preparer’s Name | The contact name of the person completing the requisition form |
| Department/Division | Requesting Department and Division |
| Extension | Telephone extension for the person completing the form |
| Part I: Student Employee Information |
| CHRS ID # | Unique identification number  |
| Student Employee’s Legal Name  | Student employee’s legal name |
| **Part II: Action Requested** |
| New Hire | Initial hire to a Student employee role |
| Concurrent Appointment | New hire into an additional student employee assignment |
| Student Assistant | Student Assistant job during the academic year |
| Bridge Student Assistant | Student Assistant job during the summer break |
| Federal Work Study | Work Study student employees with award from Financial Aid Office |
| From Academic Year to Bridge | Student continues employment into the Summer Bridge Period |
| From Bridge to Academic Year | Student continues employment after Summer Bridge into new Academic Year |
| Salary Change | Based on change in duties or on basis of merit |
| Working Title Change  | Change of working title  |
| Supervisor Change  | Change in Supervisor to whom student assistant reports |
| Funding Source Change | Change in Funding Source |
| Effective Date of Action and Ending Date | Date the requested assignment/action will begin and end  |
| Explanation of Action | For example - “Filling position vacated by XX” |
| **Part III: Position/Assignment Information**  |
| 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 (See Action Requested) |
| Skill Level | Refer to Student Assistant Guidelines |
| Position # | Position Number provided by Budget |
| Working Title  | Working title of the position |
| Reports To Administrator’s Name/Title | Must be an MPP  |
| TLSS Supervisor’s Name/Title | Individual who directs work and approves timesheets in Time & Labor Self-Service (TLSS) |
| Hourly Rate | Hourly rate of pay  |
| **Part IV: Signatures/Approvals:** |
| The names, title, and signature of the individuals authorized to approve the requested action |

Rev. 08/05/2025