

CLASSIFIED PERSONNEL DOCUMENT

FOR CHANGES TO EXISTING CLASSIFIED POSITIONS/INCUMBENTS



INCUMBENT

Last Name	First Name	M.I.	Tech ID	Date

ACTION

CHANGE	SEPARATION	LEAVE
<input type="checkbox"/> Change in FTE <i>(List existing & requested FTE in respective sections below)</i>	<input type="checkbox"/> Appointment Ended	<input type="checkbox"/> Leave of Absence: <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> LWO <i>(Complete "Effective Dates" below)</i>
<input type="checkbox"/> Funding Change <i>(List existing & requested accounts in respective sections below)</i>	<input type="checkbox"/> Deceased	
<input type="checkbox"/> Position Reassigned: <input type="checkbox"/> Temporary months <input type="checkbox"/> Permanent <i>(List existing & requested dept. in sections below)</i>	<input type="checkbox"/> Layoff	
<input type="checkbox"/> Reappointment/Extension	<input type="checkbox"/> Non-Certification	
<input type="checkbox"/> Reallocation/Reclassification <i>(Requires additional paperwork)</i>	<input type="checkbox"/> Resignation	
<input type="checkbox"/> Work Out-of-Class: Name of] revious incumbentK	<input type="checkbox"/> Retirement	<input type="checkbox"/> Return from Leave <i>(Complete "Effective Dates" below)</i>
	<input type="checkbox"/> Dismissal	

EXISTING/FROM

REQUESTED/TO

EXISTING/FROM				REQUESTED/TO			
Classification		Position No.		Classification		Position No.	
Option Code <i>(If applicable)</i>	Barg Unit	FTE	Account No.	Option Code <i>(If applicable)</i>	Barg Unit	FTE	Account No.
APPOINTMENT		CONDITION		APPOINTMENT		CONDITION	
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Unlimited			<input type="checkbox"/> Full-Time	<input type="checkbox"/> Unlimited		
<input type="checkbox"/> Part-Time %	<input type="checkbox"/> Temporary <i>(Up to one year)</i>			<input type="checkbox"/> Part-Time %	<input type="checkbox"/> Temporary <i>(Up to one year)</i>		
<input type="checkbox"/> Intermittent	<input type="checkbox"/> Emergency <i>(45 days or less)</i>			<input type="checkbox"/> Intermittent	<input type="checkbox"/> Emergency <i>(45 days or less)</i>		
	<input type="checkbox"/> Seasonal				<input type="checkbox"/> Seasonal		
	<input type="checkbox"/> Temporary Unclassified				<input type="checkbox"/> Temporary Unclassified		
Department		Division		Department		Division	
Statutory Supervisor		Functional Supervisor		Phone	Mail Code	Office Location - Bldg & Room <i>(if applicable)</i>	
If this position supervises employees, please list all names:				Statutory Supervisor		Functional Supervisor	
				If this position supervises employees, please list all names:			
Comments				Comments			

EFFECTIVE DATES

(If applicable)

Begin: _____ End: _____

REVIEWED & APPROVED

Form requires ALL applicable signatures prior to sending to HR!

NOTE: Ensure all information is complete before signing and routing for next signature.

1. _____ Date _____ Department Chair/Director/Supervisor	4. _____ Date _____ Grant Budget Authority <i>(If applicable)</i>
2. _____ Date _____ Dean <i>(If applicable)</i>	5. _____ Date _____ Budget Authorization
3. _____ Date _____ President or Vice President	6. _____ Date _____ Human Resources

HUMAN RESOURCES ONLY

Class Code	Opt Code	Barg	Empl Cond	Empl Stat	Midpnt Dt	Prob End	Annl Rev	Salary Rt/Step	Next Increase	Comp Cd	OT Code	FLSA
												<input type="checkbox"/> Exempt Prof <input type="checkbox"/> Exempt Admin <input type="checkbox"/> Exempt Comb <input type="checkbox"/> Exempt ExecTest <input type="checkbox"/> Nonexempt
Action	Reason	Retrmt Plan	Retrmt Status	Supplemental Plan	Check Applicable		Eligibility Date	Employer Contribution			Lv Auth	
					<input type="checkbox"/> Insurance Eligible <input type="checkbox"/> Summer Deposit			<input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/> None				