

ELON UNIVERSITY

Office of Human Resources Personnel Action Request Form

Please TYPE or PRINT the following information and return the completed form to the Office of Human Resources, 2070 CB.

TO: Office of Human Resources

FROM (full name): _____ Ext. _____ Date _____

A. Personnel Action Requested (Select appropriate item(s))

Employee's Name (type full name) _____

- | | |
|--|--|
| <input type="checkbox"/> Transfer between/within campus departments | <input type="checkbox"/> Change funding source of position |
| <input type="checkbox"/> Title change (Required: attach a position description for newly created titles/positions and complete sections B and E below). | <input type="checkbox"/> Additional Position |
| <input type="checkbox"/> Employment status change (eg. temporary to full-time status) | <input type="checkbox"/> Resignation, Separation from Employment or Retirement |
| <input type="checkbox"/> Salary adjustment | <input type="checkbox"/> Department Title Change (update in section B) |

B. Complete Proposed Changes for Items Checked in Section A (MUST ALSO COMPLETE SECTION E BELOW)

Effective Start Date _____ Effective End Date (for contract only) _____

Proposed title _____

Department _____ Supervisor _____

Employee being replaced _____ Alt. Supervisor _____

Employment Status:	Position Status:	Payroll Information:	Work Schedule:	Office Information:	Position supervises other employees?
<input type="radio"/> Part-time	<input type="radio"/> Temporary	<input type="radio"/> Exempt (salary)	# hours/week _____	Campus Box _____	<input type="radio"/> yes <input type="radio"/> no
<input type="radio"/> Full-time	<input type="radio"/> Regular	<input type="radio"/> Non-Exempt (hourly)	# months (weeks)/year _____	Office(Bldg./#) _____	(If yes, list in section C or attach updated list)
<input type="radio"/> Adjunct				Phone Ext. _____	
<input type="radio"/> Faculty					

C. Comments/Justification (if applicable)

D. Notice of Resignation, Separation from Employment, or Retirement

Last Date Worked _____ Termination Date: _____ Resignation Separation from employment Retirement

Reason for separation from employment: (additional pages may be attached as necessary)

E. Budget Information

Proposed Salary \$ _____ Hourly Rate \$ _____

Account # _____

Funding Source (if proposed salary exceeds budgeted salary) _____

APPROVAL SIGNATURES

Supervisor _____ Date _____

Reviewing Manager _____ Date _____

Vice President/Provost _____ Date _____

Accounting-Budget Approval _____ Date _____

HR OFFICE USE ONLY

Colleague #: _____

Position#: _____

XDEI: _____ CHCK: _____ BNDS: _____

BCL/LTD: _____ OFFI: _____ XFSA: _____

LEVS: _____ LINC: _____ POSS: _____

PT > FT _____ No _____ **Yes**
= Process Retirement Hours Report

HR Benefits: _____

Date: _____

HR Signature: _____ Date: _____

HR Reviewer: _____ Date: _____