

STAFF & MANAGEMENT EMPLOYEE TRANSACTION REQUEST

PART 1: REQUEST DEPARTMENT INFORMATION

Department Name:		Date:
Dept Contact Name:	Email:	Ext:
Supervisor*/Dept Chair: <i>*(1st level MPP/non-bargaining unit supervisor)</i>	Email:	Ext:

PART 2: CURRENT EMPLOYEE INFORMATION

Employee Name:	Action:
Classification Title:	Working Title:
<i>If replacing a vacancy, indicate replaced employee's name:</i>	
Date Vacated:	Reason:

PART 3: APPOINTMENT & TRANSACTION INFORMATION

Appt/Trans is:	Proposed Start Date:	Ending Date, if temp:
TIME BASE: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time; Hrs per week: _____ <input type="checkbox"/> Hourly-intermittent; Not to exceed _____ hrs/week) <input type="checkbox"/> Time base change from: to:	SALARY: Current salary: \$ / Requesting: \$ / Max Budgeted: \$ / <input type="checkbox"/> Monthly Stipend %: <input type="checkbox"/> One-time Bonus: \$	PAY PLAN: If 10/12 or 11/12, indicate month(s) off: <input type="checkbox"/> Pay Plan change: From: To:

PART 4: BUDGET & POSITION CONTROL INFORMATION

Dept Name/ID:	Funding Type:														
<table border="1"><thead><tr><th>Funding Source</th><th>ACCOUNT</th><th>FUND</th><th>DEPT ID</th><th>PROGRAM</th><th>PROJECT</th><th>% FUNDING</th></tr></thead><tbody><tr><td>2nd Funding</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>	Funding Source	ACCOUNT	FUND	DEPT ID	PROGRAM	PROJECT	% FUNDING	2 nd Funding							
Funding Source	ACCOUNT	FUND	DEPT ID	PROGRAM	PROJECT	% FUNDING									
2 nd Funding															
<input type="checkbox"/> Request to upgrade/downgrade budgeted class	→ Start Date:	End Date, if temp:													
Justification:															
<input type="checkbox"/> Request to change supervisor from:	to:														
<table border="1"><thead><tr><th>PIMS Number</th><th>AGENCY</th><th>UNIT</th><th>CLASS</th><th>RANGE/GRADE</th></tr></thead><tbody><tr><td></td><td>271</td><td></td><td></td><td></td></tr></tbody></table>	PIMS Number	AGENCY	UNIT	CLASS	RANGE/GRADE		271								
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BUDGET ONLY	CMS Position Number:	Budget Analyst Signature:	Date:
	Max Annual Salary Funding:	Max Benefits Funding:	<input type="checkbox"/> Funding Verified
	Comments:		
	Budget Office Signature:	Date:	<input type="checkbox"/> CMS Updated

PART 5: REQUIRED ATTACHMENTS

Justification Memo Organizational Chart Position Description

PART 6: APPROVALS

Chair / Dept Mgr:	Print Name	Signature	Date
Dean / Director / AVP:			
Provost / Vice President:			
President / CRC:			

HR ONLY	HR Approver Name:	Signature:	Date:
	Classification Title:	CBU/HEERA:	
	Classification Code:	Range:	MPP Code:
	Comments:		



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Division or Department | Optional Second Name

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