|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION I: DEPARTMENT AND PERSONNEL ACTION INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School / College / Division** | | | **Dept. Name** | | | | | | **Contact Name** | | | | | **Contact Phone** | | | | | **Contact E-Mail** | | | | | | **Date Prepared** | |
|  | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | |
| **Action**  **Type** | | | **Separation Reason**  **(If Applicable)\*** | | | | | | **Specify Agency**  **(If Agency Transfer)** | | | | | **Effective**  **Date** | | | | | **Separation Date**  **(If Applicable)** | | | | | | **Last Work Day**  **(If Applicable)** | |
| Choose an item. | | | Choose an item. | | | | | |  | | | | |  | | | | |  | | | | | |  | |
| **\*If separation reason is Voluntary Resignation, letter of resignation must accompany this form.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION II: CANDIDATE/EMPLOYEE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current Status** | | | **Last Name** | | | **First Name** | | | | **MI** | | **Hrs. / Wk.** | | | | **End Date** | | | | **Months / Yr.** | | | **Salary** | | | |
| Choose an item. | | |  | | |  | | | |  | |  | | | |  | | | |  | | |  | | | |
| **Recommend for Re-Hire?**  **(If Separation)** | | | **\*\*If No - State Reason** | | | | | | | | | | | | | | | | | | | | | | | |
| **Yes  No\*\*** | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION III: POSITION INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Position Class Title** | | **Comp Level** | **Working Title** | | | | | **Pos. #** | | **Appt. Type** | | | | **Schematic Code** | | | **End Date** | | | **FTE** | | | | **Budgeted Salary** | |
| **From:** |  | | Choose an item. |  | | | | |  | | Choose an item. | | | |  | | |  | | |  | | | |  | |
| **To:** |  | | Choose an item. |  | | | | |  | | Choose an item. | | | |  | | |  | | |  | | | |  | |
| **SECTION IV: WEB TIME ENTRY APPROVER AND PROXY INFORMATION (REQUIRED)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Approver Last Name** | | | **Approver First Name** | | | | | | **Approver Banner ID** | | | | | | **Phone** | | **E-Mail** | | | | | | | **Position #** | | |
|  | | |  | | | | | |  | | | | | |  | |  | | | | | | |  | | |
| **Proxy Last Name** | | | **Proxy First Name** | | | | | | **Proxy Banner ID** | | | | | | **Phone** | | **E-Mail** | | | | | | | **Position #** | | |
|  | | |  | | | | | |  | | | | | |  | |  | | | | | | |  | | |
| **SECTION V: LEAVE INFORMATION (DHR ONLY)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sick Balance** | | **Sick Used** | **Vac Balance** | | **Vac Used** | | | | **Vac Payout** | | | | | **Bonus Balance** | | | | **Bonus Used** | | | | | | **Bonus Payout** | | |
|  | |  |  | |  | | | |  | | | | |  | | | |  | | | | | |  | | |
| **SECTION VI: FUNDING INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **From:** | **Budget Code** | | **Fund** | | **Org** | | | **Acct** | | | **Program** | | | **Source** | | | | | **Date Funds End** | | | | | | **Salary** | **%** |
| **A** |  | |  | |  | | |  | | |  | | | Choose an item. | | | | |  | | | | | |  |  |
| **B** |  | |  | |  | | |  | | |  | | | Choose an item. | | | | |  | | | | | |  |  |
| **C** |  | |  | |  | | |  | | |  | | | Choose an item. | | | | |  | | | | | |  |  |
| **D** |  | |  | |  | | |  | | |  | | | Choose an item. | | | | |  | | | | | |  |  |
| **Totals:** | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **To:** | **Budget Code** | | **Fund** | | **Org** | | | **Acct** | | | **Program** | | | **Source** | | | | | **Date Funds End** | | | | | | **Salary** | **%** |
| **A** |  | |  | |  | | |  | | |  | | | Choose an item. | | | | |  | | | | | |  |  |
| **B** |  | |  | |  | | |  | | |  | | | Choose an item. | | | | |  | | | | | |  |  |
| **C** |  | |  | |  | | |  | | |  | | | Choose an item. | | | | |  | | | | | |  |  |
| **D** |  | |  | |  | | |  | | |  | | | Choose an item. | | | | |  | | | | | |  |  |
| **Totals:** | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION VII: COMMENTS (IF APPLICABLE)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION VIII: DEPARTMENT / SCHOOL / COLLEGE APPROVALS** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supervisor:** | | | **Print:** | | | | **Title:** | | | | | | **Sign:** | | | | | | | | | **Date:** | | | | |
| **P. I. (if applicable):** | | | **Print:** | | | | **Title:** | | | | | | **Sign:** | | | | | | | | | **Date:** | | | | |
| **Dean / Director / Dept. Head:** | | | **Print:** | | | | **Title:** | | | | | | **Sign:** | | | | | | | | | **Date:** | | | | |
| **Vice Chancellor:** | | | **Print:** | | | | **Title:** | | | | | | **Sign:** | | | | | | | | | **Date:** | | | | |
| **SECTION IX: FUNDING APPROVALS (BUDGET OFFICE, CONTRACTS AND GRANTS, AUXILIARY SERVICES USE ONLY)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Budget Office Approver:** | | | **Print:** | | | | **Title:** | | | | | | **Sign:** | | | | | | | | | **Date:** | | | | |
| **Contracts and Grants Approver:** | | | **Print:** | | | | **Title:** | | | | | | **Sign:** | | | | | | | | | **Date:** | | | | |
| **Auxiliary Services Approver:** | | | **Print:** | | | | **Title:** | | | | | | **Sign:** | | | | | | | | | **Date:** | | | | |
| **SECTION X: DHR APPROVALS (DHR USE ONLY)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DHR Approver:** | | | **Print:** | | | | **Title:** | | | | | | **Sign:** | | | | | | | | | **Date:** | | | | |