

North Carolina A&T State University  
 Division of Human Resources  
 PD-400 SHRA Internal Salary Authorization Form (SHRA ISAF)

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								
<input type="checkbox"/> Yes <input type="checkbox"/> 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.			
<b>Totals:</b>									
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.			
<b>Totals:</b>									

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**SECTION VII: COMMENTS (IF APPLICABLE)**

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**SECTION VIII: DEPARTMENT / SCHOOL / COLLEGE APPROVALS**

<b>Supervisor:</b>	Print:	Title:	Sign:	Date:
<b>P. I. (if applicable):</b>	Print:	Title:	Sign:	Date:
<b>Dean / Director / Dept. Head:</b>	Print:	Title:	Sign:	Date:
<b>Vice Chancellor:</b>	Print:	Title:	Sign:	Date:

**SECTION IX: FUNDING APPROVALS (BUDGET OFFICE, CONTRACTS AND GRANTS, AUXILIARY SERVICES USE ONLY)**

<b>Budget Office Approver:</b>	Print:	Title:	Sign:	Date:
<b>Contracts and Grants Approver:</b>	Print:	Title:	Sign:	Date:
<b>Auxiliary Services Approver:</b>	Print:	Title:	Sign:	Date:

**SECTION X: DHR APPROVALS (DHR USE ONLY)**

<b>DHR Approver:</b>	Print:	Title:	Sign:	Date:
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