



Payroll Action Form

Section I Employee Information

Effective Date	SSN#	Position No.	Division - Department
Employee's Name	Job Title	Supervisor's Name and Position	
Address	Phone#	Date of Birth	

Section II Reason for Payroll Change

<input type="checkbox"/>	New Hire	<input type="checkbox"/>	Promotion	<input type="checkbox"/>	Lay off
<input type="checkbox"/>	Separation	<input type="checkbox"/>	Lateral Transfer	<input type="checkbox"/>	Source of Funds
<input type="checkbox"/>	Leave without Pay	<input type="checkbox"/>	Merit Pay Increase	<input type="checkbox"/>	Other
<input type="checkbox"/>	Suspension without Pay	<input type="checkbox"/>	Demotion	<input type="checkbox"/>	

Remarks: (Briefly explain the reason for the payroll change.)

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Section III Position Type and Effective Period of Pay

<input type="checkbox"/> Staff	<input type="checkbox"/> Faculty	<input type="checkbox"/> Full time	<input type="checkbox"/> Part-time
Salary Start Date:	Salary End Date:		

Section IV Leave Information

Begin Date:	End Date:

Section V Budget/Account Information

Account	Division/ Department	Amount	Grant	% Effort
Current				
Current				
New				
New				

Section VI Approvals (Print Name and Sign)

Area Vice President:	Date	
Director of Grants (if applicable):	Date	
President (if applicable):	Date	

Section VII Verification (Print Name and Sign)

Director of Human Resources:	Date	
Payroll Accountant:	Date	
Vice President of Fiscal Affairs:	Date	