REQUEST FOR PERSONNEL ACTION

NOTE: SUPERVISORS - COMPLETE SECTION I, AND FORWARD TO THE HUMAN RESOURCES UNIT. (All screening committee documentation and applications must accompany this request to HR.)

SECTION I

Nominee Name		Social Security N	Numbar	
,		Home	Cell	
Street Address		Phone	Phone	
City, State, Zip		Work Phone	Ext	
Position (Title/Rank):	Classified	Pay Grade:	Minimum Salary	
	Non-Classified Term Faculty		Annual: Monthly: Hourly: \$\ \\$ \ \ \\$ \ \ \\$	
☐ Regular Full-Time	☐ Full-Time	☐ Grant Funded	☐ Temporary	
Annual Dates of	(Less Than 12 Months)	(Important)	Hours per day:	
Appointment:	Number of Months:	Name of Grant:	Days per week: Weeks per year:	
Beginning:			Start Date:	
Ending:			End Date:	
Į.			(Max. allowable hours 1039 per year)	
Start Date: FTE:	Recommended Sala (Classified Staff-See Serie	ary: es 8 if above entry)	Campus:	
	REQUIRED	SIGNATURES:		
Immediate Supervisor:			Date:	
Next Line Supervisor:		Date:		
Next Line Supervisor:		Date:		
Vice President of Unit:			Date:	
SECTION II	UMAN RESOURCES/AFFI	RMATIVE ACTION A	APPROVAL:	
Director of Human Resources:		.PPROVAL:	Date:	
	DUDGET A	III KUVAL;		
VP Finance:			Date:	
Account Number:		Position Number:		
PRESIDENT OR DESIGNEE APPROVAL:				
President or Designee:			Date:	

HUMAN RESOURCES USE ONLY

SECTION II – JOB OFFER

Job Offer by:			
Signature	Date		
Date Accepted:	Time Accepted:		
Comments:			
Date Declined:	Time Declined:		
Reason for Declining:			
Other Comments:			
SECTI	ION II – WV 11 PROCESSING		
Job Code:	Annual Budgeted FTE's		
Position Number:	Effective Date:		
WV – 11 Ref #:	Fund Account #:		
Personnel File Needed	☐ Temporary File Needed		
WV-11 Processed by:Signature	Date		