PERSONNEL ACTION FORM

Employee Name:	EID:
Requested By: Date:	Personnel Type:

APPOINTMENT CHANGE

Position Management Change: ☐ YES   ☐ NO   If Yes: Position Number:_____

Please Specify Changes:

Budgeted FTE: ☐ YES   ☐ NO

Fund:

Fund:

Enter CHANGES needed in the fields below

Effective Dates	Start :	End:	Job Title	From:	To:
FTE %	From :	To:	Title Code	From:	To:
Pay Rate	From :	To:	Step	From :	To:
			Shift Change	From:	To:
			Meal Period	From: ☐ 30 ☐ 60 Minutes	To: ☐ 30 ☐ 60 Minutes
Supervisor	From :		Supervisor	To:	

EARNINGS DISTRIBUTION CHARTSTRINGS REQUESTED

Start	End	Percent	BU	Account	Fund	Org	Prg	Field 1	Field 2

Comments

TERMINATION/SEPARATION

Effective Date of Separation:	Notice Given: Yes No	Transfer?: Yes No
Appointment Type:	Resignation Letter submitted to LHRD: Yes No	Destination: UCB Library UC__ No
Separation Type:	Caltime Timesheet Submitted: Yes No	Separation Reason:

APPROVALS

Dept Head/AUL	Date
LHRD Approval	Date
LBS Approval:	Date