

Human Resource Services
PERSONNEL ACTION REQUEST



This form is used to process personnel actions. Fill out original on the web or print out and complete with typewriting. Copies may be produced as necessary. **SIGN ORIGINAL COPY IN BLUE OR OTHER NON-BLACK INK. Copy with BLUE OR OTHER NON-BLACK ink signatures is deemed to be the original.** Type of copy may be marked at the bottom of the form. This form is available as an Adobe™ document on the Human Resource Services web site. If filling out on web, fill out as completely as possible and then print. If the form is "saved" and re-opened later, information entered by the originator may be missing. Web link to forms page: <http://www.marshall.edu/human-resources/forms/>

| | |
|---|--|
| Effective Date (begin date and end date if not permanent) | |
|---|--|

NOTE: Render name exactly as it appears on the Social Security card, except enter last name first, then first name, then middle initial, etc.

| | | | | | | | |
|---|---|--------------------------------|---|---|--------------|----------------------------|--|
| Name (SEE NOTE ABOVE) | | | | | | | |
| Last Four Digits of Social Security No. | | MU ID # | | Date of Birth | | | |
| Home Address | | | | | | | |
| City | | State | | ZIP | | County (Residence) | |
| Department | | | | | | Home Org | |
| CURRENT Title | | | | CURRENT Position No. | | | |
| CURRENT Wage/Salary Rate | | | | Per | | | |
| CURRENT Supervisor MU ID# | | CURRENT Supervisor Name | | | | | |
| For above title/position | Banner FUND/ORG | | / | | Program Code | | |
| FORMER Title | | | | FORMER Position No. | | | |
| FORMER Wage/Salary Rate | | | | Per | | | |
| FORMER Supervisor MU ID# | | FORMER Supervisor Name | | | | | |
| Appointment Type | <input type="checkbox"/> Regular Status Full-Time | | | <input type="checkbox"/> Regular Status Part-Time | | If part-time, percent time | |
| | <input type="checkbox"/> Temporary Help | | | <input type="checkbox"/> Casual | | | |

NOTE: Temporary Help – Employed no more than 1039 hours in the year or no more than 9 mos. out of 12 mos. Must be classified by HR Services as to title, grade, and rate of pay. **Casual** – Employed no more than 225 hours in a 12-month period and not classified as to title, grade, and rate of pay.

TYPE OF PERSONNEL ACTION (PLACE CHECK MARK(S) IN BLOCK(S) TO LEFT OF DESIRE ACTION(S))

| | | | | | | | | | |
|--------------------------|---------------|--------------------------|--------------|--------------------------|------------------|--------------------------|-------------------|--------------------------|---------------------|
| <input type="checkbox"/> | Employment * | <input type="checkbox"/> | Dismissal | <input type="checkbox"/> | Leave of Absence | <input type="checkbox"/> | Promotion | <input type="checkbox"/> | Overtime |
| <input type="checkbox"/> | Re-Employment | <input type="checkbox"/> | Death | <input type="checkbox"/> | Return from LOA | <input type="checkbox"/> | Demotion | <input type="checkbox"/> | Funds Source Change |
| <input type="checkbox"/> | Resignation | <input type="checkbox"/> | Suspension | <input type="checkbox"/> | Reclassification | <input type="checkbox"/> | Sabbatical | | |
| <input type="checkbox"/> | Retirement | <input type="checkbox"/> | Layoff | <input type="checkbox"/> | Transfer | <input type="checkbox"/> | Non-Reappointment | | |
| <input type="checkbox"/> | Rate Change | <input type="checkbox"/> | Title Change | <input type="checkbox"/> | Other (Specify) | | | | |

ENTER ANY EXPLANATORY REMARKS IN THIS SPACE:

| |
|--|
| |
|--|

APPROVALS (SIGNATURES/DATES) AFTER VICE PRESIDENT SIGNATURE, SUBMIT FORM TO HUMAN RESOURCE SERVICES.

| | | | |
|-------------------------|--|------|--|
| Dept./Unit Supervisor | | Date | |
| Dean/Director | | Date | |
| Vice President | | Date | |
| Human Resource Services | | Date | |
| Budget Office | | Date | |
| Payroll Office | | Date | |
| President | | Date | |

Submit signed original (through VP) to Human Resource Services. Produce copies as necessary. On copies, indicate owner of copy in space below.

| | | | | | | | | | | | | | |
|--|------------|--|----------|--|----|--|--------|--|---------|--|---------|--|--------|
| | Originator | | Dean/Dir | | VP | | Budget | | HR Svcs | | Payroll | | Other: |
|--|------------|--|----------|--|----|--|--------|--|---------|--|---------|--|--------|

HUMAN RESOURCE SERVICES USE ONLY

| | | | |
|---------------------------------|--|----------------|--|
| Pay Grade | | Form I-9 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E-Class | Classification | | |
| Last Date Worked | EEO-Code | | |
| A/L Balance | S/L Balance | | |
| AEI | BUDGET OFFICE: ORG Unit | | |
| Lump sum payout of Annual Leave | <input type="checkbox"/> Yes <input type="checkbox"/> No | C:\Forms\PAR-1 | |