REQUISITION & PERSONNEL ACTION FORM
(Instructions Attached)

I. EMPLOYEE IDENTIFICATION (Manager: Complete for all actions *EXCEPT* requisition for new hire)

Employee Name	SSN or EIN	Actual Start Date and Hire Salary
Department Name	Title / Position #	Position subject to random drug testing? ☐ Yes ☐ No

II. EMPLOYMENT REQUISITION (Manager: Complete for *ALL* requests to fill vacancies; attach justification and job description)

Title / Open Position #	Department Name / Budget Fund #			Requisition # (HR use only)
☐ Replacement ☐ New Position	Previously classified? ☐ Yes ☐ No If no, requires HR review	Position Grade:	Salary Range (min/mid)	Budgeted Salary
Replacement for whom?	Position deleted? ☐ Yes ☐ No If yes, specify		Requesting Manager	
☐ Exempt/Salary ☐ Non-exempt (O/T eligible/Hrly)	☐ Regular F/T ☐ On-Call ☐ Temp F/T ☐ Agency Temp ☐ Regular P/T ☐ Contractor* ☐ Temp P/T ☐ Seasonal Hours and/or anticipated length of assignment:		Exceptional salary anticipated? If yes, amount? ☐ Yes ☐ No Advertise: Internal ☐ External ☐	
Target Start Date / Comments (attach justification):			Position subject to random drug testing? ☐ Yes ☐ No	*see attached instructions

Employment Request Signatures / Approvals				
	Manager:	Date:	Dept. Head:	Date:
	Human Resources:	Date:	Finance:	Date:
	BOC / Chairman (if applicable):	Date:		

III. PERSONNEL ACTION (Manager: Complete for *ALL* employee actions; if new hire, keep copy to complete upon hire)

☐ New Hire ☐ Merit Increase ☐ Rehire - Adjust Hire Date? ____	☐ Promotion ☐ Leave/Return	☐ Demotion ☐ Termination ☐ Transfer	☐ Status Change/Reclassification** ☐ Other (specify) ☐ Special Adjustment ☐ Disciplinary Suspension	Desired Effective Date / Name of Selected Hire

Position Change	Current Title / Department	Fund #	Position Grade/No.	Supervisor	☐ F/T ☐ O/C ☐ P/T
	New Title / Department	Fund #	Position Grade/No.	Supervisor	☐ F/T ☐ O/C ☐ P/T
Salary Change	Current Salary	New Salary		Salary Range (min/mid)	Budgeted Salary
	Merit Amount / % Inc.	Promo. Amt. / % Inc.		Adjustment Amt. / % Inc.	
Leave Status	Reason (see instructions)	Expected Return Date		Actual Return Date (see instructions)	
Separation	Reason (see instructions)		2-wk notice received? ☐ Yes ☐ No	Pay Through Date (Last day)	Eligible for rehire? ☐ Yes ☐ No

Reason for Action / Comments (attach documentation):	**If job level reclassification, HR review & BOC approval required

Personnel Action Signatures / Approvals				
	Manager:	Date:	Dept. Head:	Date:
	Human Resources:	Date:	Finance:	Date:
	BOC / Chairman (if applicable):	Date:		

Depend. under 18? ☐ Yes ☐ No	Benefits Eligible? ☐ Yes ☐ No	Elig. Date:	Random drug screening required? ☐ Yes ☐ No	Eligible for paid leave (if applicable)? ☐ Yes ☐ No
Married ☐ Single ☐	Class chg. needed? ☐ Yes ☐ No	Pension Rate ☐ 3% ☐ 7%	Reimbursements due? ☐ Yes ☐ No	PTO accrual rate
HR: Processed by / Date		Headcount Position #	HR: Verified by / Date	PTO payout: Cumulative ☐ Current year only ☐

SHADED AREAS: FOR HR USE ONLY

INCLUDE DETAILED JUSTIFICATION FOR THE REQUEST HERE, INCLUDING REASON FOR THE REQUEST, POTENTIAL CONSEQUENCES OF NON-APPROVAL, SPECIAL BUDGET NEEDS, AND OTHER NECESSARY INFORMATION FOR CONSIDERATION AND APPROVAL (MAY ATTACH SEPARATE DOCUMENT IF DESIRED).

Instructions for Completing Requisition & Personnel Action Form

Section I. Employee Identification (Complete for all actions *EXCEPT* requisition for new hire)	
Employee Name	Include employee's middle initial, if known, to ensure correct identification.
SSN or EIN	Provide last 4 digits of SSN ***OR*** Employee Identification Number (EIN) if known, to ensure correct identification. This is especially helpful with the possibility of more than one employee with the same name.
Department Name/ Title/Position Number	Fill in employee's **current** information here as applicable.
Position Subject to Random Drug Testing?	Indicate if new position is subject to random drug testing.

Section II. Employment Requisition (Complete for *ALL* requests to fill vacancies)	
Title/Open Position No. / Department Name / Budget Fund No.	Fill in requested information for open position.
Replacement or New Position	Check appropriate box.
Position Previously Classified?	Check appropriate box. If position is new in the department, position classification must be reviewed by Human Resources.
Position Grade	Fill in current position grade, or leave blank if to be classified.
Salary Range	Enter minimum and mid-point for job grade. HR can assist if needed.
Budgeted Salary	For replacement position, indicate salary of previous incumbent here. This figure would show on the budget for the current year.
Replacement For?	Fill in name of employee who is **vacating** the position.
Position Deleted?	If a position was deleted to make available budget dollars for this new position, state title of deleted position here, e.g. Dept. Administrative Assistant position deleted to allow for Administrative Coordinator position.
Requesting Manager	Indicate name of manager responsible for the new employee.
Exempt or Non Exempt	Check appropriate classificcation as designated. If eligible for overtime, check **non-exempt.**
Type of Position	Identify type of position. If temporary, specify hours and anticipated length of assignment. ***For contractor or grant-funded position: Manager should complete requisition, attach approved copy of the contract or grant as applicable, and forward to HR for processing.**
Exceptional Salary Anticipated?	**If special salary need is anticipated, indicate here and include in justification (see instructions).**
Request For Advertising	**Check appropriate box (internal only or both as desired).**
Target Start Date / Comments	Complete as required. **Note: Must attach justification for all new hire requests.**
Random Drug Testing?	Indicate if new position is subject to random drug testing.
Approvals	Requires all signatures indicated. Department Head should approve and forward to Human Resources. HR will review and approve, and submit for Finance/BOC approvals as required.
	Note: Retain copy of employment request form to complete *Section III* <u>after</u> hire decision. Complete and submit new hire information to HR *after* selection is finalized.

Section III. Personnel Action	(Complete for *ALL* employee actions - see note* if new hire)
Reason For Action	Check appropriate box for personnel action. **If status change or position to be reclassified, HR review is required. Consult designated HR client support representative.**
Desired Effective Date / Name of Selected Hire	Indicate date desired for change to become effective (***after*** receipt of final approvals or after last day worked). ***For new hire, complete requested information *upon* approval of hire.**
Position Change Information Title/ Dept./Fund #/ Position Grade/ Supervisor / Position Type	Provide current information (if an employee's title is changing, indicate the position title prior to the transfer or promotion), and provide new information (position transferred, promoted into, etc.) as applicable.
Salary Change Current Salary	Enter the salary of employee **prior to** this action.
New Salary/ Salary Range / Budgeted Salary	Enter the salary information for the new employee or position.
Merit / Promotion/ Adjustment Amount / % Incr.	Provide the dollar amount and percentage of increase as applicable.
Leave Status Reason/Expected Return Date / Actual Return Date	Complete requested information. See **Leave Reasons** listed below. **ANY ABSENCE FROM WORK OF 3 DAYS OR MORE MUST IMMEDIATELY BE REPORTED TO HUMAN RESOURCES, AND THE APPROPRIATE LEAVE APPLIED.** When the employee returns from leave, email the date of return to the HR Leave Program Administrator. This date will be filled in by HR as the **Actual Return** date for payroll processing. ***Note: For any type of leave, employee should be instructed to contact the Benefits/Leave Coordinator upon notification of the upcoming event.**
Separation	Complete requested information. See **Separation Reasons** listed below. Indicate whether employee gave 2-week notice of resignation. For the **Pay Through Date**, enter the last day for which the employee should be paid. Indicate whether employee is eligible for rehire. ***Note: For any type of separation, employee should be instructed to contact the Benefits/Leave Coordinator upon notification of the upcoming event.**
Reason for Action/Comments	Complete as required. Attach documentation as appropriate (resignation/termination letter, physician's report, promotion or transfer letter, etc.).
Approvals	Requires all signatures indicated. Department Head should approve and forward to Human Resources. HR will review and approve, and submit for Finance/BOC approvals as required.
SHADED AREA - FOR HR USE ONLY	

Reasons for Separation

Voluntary Separation Codes		Involuntary Separation Codes	
ABJ	Abandoned Job	ATT	Attendance
ADV	Advancement	DEC	Deceased
CMP	Compensation	LOF	Lay-off
MGT	Management	MIS	Misconduct
MUT	Mutual Agreement	PFM	Performance
PER	Personal Reason	RIF	Reduction in Force
RET	Retirement	ROG	Reorganization
WCD	Working Conditions	TAE	Temporary Assignment Ended
		WTP	Working Test Period (unsatisfactory)

Reasons for Leave (specify appropriate code)

ADM	Administrative Leave	MIL	Military
FML	Family/Medical Leave	PLV	Personal Leave
LWP	Leave w/o Pay	STD	Short-Term Disability
LTD	Long-Term Disability	SUS	Disciplinary Suspension
		WCP	Workers' Compensation