

SAMPLE CELL PHONE PURCHASE

PERSONNEL ACTION REQUEST						Position #: 99999																	
INDIVIDUAL INFORMATION																							
Name: Last: Last				First: First				MI: M		Employee ID: 7 digit #													
ACTION REQUESTED																							
New Hire <input type="checkbox"/>		Rehire <input type="checkbox"/>		Transfer <input type="checkbox"/>		Promotion <input type="checkbox"/>		Career Progression <input type="checkbox"/>		Pay Rate Change/Adj <input type="checkbox"/>		Layoff <input type="checkbox"/>											
Termination (indicate) <input type="checkbox"/>				Retirement <input type="checkbox"/>				Leave of Absence (indicate type)															
Explanation of Action and/or other changes: Mobile phone purchase																							
3 <input type="checkbox"/> NEW HIRE			<input type="checkbox"/> CHANGE FROM			<input type="checkbox"/> ON PAYROLL			4 <input type="checkbox"/> TERMINATION			<input type="checkbox"/> CHANGE TO			<input type="checkbox"/> OFF PAYROLL								
Position Title: Mobile Phone Allowance						Position Title:																	
Position is Safety/Security Sensitive ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No – Policy 1.085						Position is Safety/Security Sensitive ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No – Policy 1.085																	
Department: Department Name						Department:																	
Beginning Date: 04/01/??			Ending Date:			Beginning Date:			Ending Date:														
Last Day Worked:						Last Day on Payroll:																	
EMPLOYEE TYPE:				EMPLOYEE STATUS				EMPLOYEE TYPE				EMPLOYEE STATUS											
Regular <input type="checkbox"/>		Temporary <input type="checkbox"/>		Classified Staff <input type="checkbox"/>		Faculty <input type="checkbox"/>		Regular <input type="checkbox"/>		Temporary <input type="checkbox"/>		Classified Staff <input type="checkbox"/>		Faculty <input type="checkbox"/>									
Full Time <input type="checkbox"/>				Academic Pro <input type="checkbox"/>		Service Pro <input type="checkbox"/>		Full Time <input type="checkbox"/>				Academic Pro <input type="checkbox"/>		Service Pro <input type="checkbox"/>									
Part Time <input type="checkbox"/>		Hours/Wk		Admin/Faculty <input type="checkbox"/>		Admin <input type="checkbox"/>		Part Time <input type="checkbox"/>		Hours/Wk		Admin/Faculty <input type="checkbox"/>		Admin <input type="checkbox"/>									
				Grad Assistant <input type="checkbox"/>		Student <input type="checkbox"/>						Grad Assistant <input type="checkbox"/>		Student <input type="checkbox"/>									
Payment Rate:						Payment Rate:																	
Biweekly Pay Rate \$						Biweekly Pay Rate \$																	
Other Payment \$						(One Time Pay In Full: <input checked="" type="checkbox"/>) or						Other Payment \$						(One Time Pay In Full: <input type="checkbox"/>) or					
(Pay Between: specific dates						to						(Pay Between: specific dates						to					
Pay Rate \$ 25.00???												Pay Rate \$											
Academic Year <input type="checkbox"/>						Spring <input type="checkbox"/>						Academic Year <input type="checkbox"/>						Spring <input type="checkbox"/>					
Fiscal Year <input checked="" type="checkbox"/>						Fall <input type="checkbox"/>						Fiscal Year <input type="checkbox"/>						Fall <input type="checkbox"/>					
Hourly Pay Rate \$				Comp Hours to be Paid				Hourly Pay Rate \$				Comp Hours to be Paid											
Comments:																							
Area/Orgn/Dist:						Area/Orgn/Dist:																	
Area/Orgn/Dist:						Area/Orgn/Dist:																	
FOR PAYROLL/HUMAN RESOURCES DEPARTMENT USE ONLY						FOR PAYROLL/HUMAN RESOURCES DEPARTMENT USE ONLY																	
Annual Salary _____ # of Days Worked _____						Annual Salary _____ # of Days Worked _____																	
5 POSITION INFORMATION																							
<input type="checkbox"/> New Position, or <input type="checkbox"/> Replacement Position for:																							
(Name of Previous Employee)																							
6 INITIATOR INFORMATION																							
Initiator		Contact if questions		E-mail:		Include		Box #:		Phone:		a must											
Department/College:				Department Box #:				Department Phone#:															
7 College AUTHORIZED SIGNATURES																							
Supervisor / SAP Director		needed				Box #		Date:															
Dean/Director		needed				Box #		Date:															
Provost/V.P		needed				Box #		Date:															
Human Resources		NA				Box #		Date:															
Budget		NA				Box #		Date:															
DO NOT WRITE BELOW THIS LINE																							
8 FOR HUMAN RESOURCES/PAYROLL DEPARTMENT ONLY																							
Vacancy #		Pay Grade:		Leave Payment Hours		Sick:		Vacation:															
9 FOR BUDGET AND HR USE ONLY																							
Pos. No.						Pos. No.																	
FTE						FTE																	
\$						\$																	
Dept No.						Dept No.																	
Job Code						Job Code																	

¹ Effective 2/1/06, candidates hired/transferred into positions identified as Safety/Security Sensitive are required to complete a fingerprint and background check if not previously completed. Refer to Policy 1.085 for information about the SSS Identification for positions. The **Original Final Form** will be kept on file in the Payroll Office. The **Original Final Form** will be the official University record of personnel action.