Student Personnel Action Form SP-1

Effective Date

1. Identification: (Complete in all Cases)				5. Promotion/Adjustment:					
Last Name First Name MI			MI	Type of Change:	☐ Pro	motion [Adjustment		Merit
Street Address				Previous Job Title (If Promotion)					Prev. Pay Rate
City	State			New Job Title (If Promotion)					New Pay Rate
Phone #	# Social Se			Replacing (Employee)				Amount of Rate Change	
Department Name		Dept Number		6. Termination:					
Check here if International Student Student ID			Department Dept. Number						
2. New Hire:	New Hire: Rehire:			Job Title Pay Rate					
☐ Work Study ☐ Work Assistance ☐ Intl Work Supplement Job Title			pplement	Last Day Worked		Notice Giv	ren 🔲 Y	es [] No
Pay Rate Work I	Work Hrs/Week		ate	Eligible for Rehire? Yes No (If no, provide documentation)					
Replacing (Employee) Prior Pay Rate			Reason: Resignation Summer Temp Dismissal Graduated Withdrawn from School Other						
3. Transfer:									5 11
From Department: Name	Dept Number		7. Departn		ate	Signature	gnatur	es Req'd) Date	
Previous Title		Prev. Pay Rat	e Prev. Hrs/Wk			_			
To Department: Name Dept Number				8. Budget/Administrative Approval:					
New Title		New Pay Rat	e New Hrs/Wk	Signature	D	ate	Signature		Date
Amount of Rate Change Replacing (Employee)				9. Human Resources Approval:					
4. Name/Address/Telephone Change:				Signature	D	ate	Signature		Date
New Name: Last Name First Name MI New Address: Street/Apt #				Approved SP-8 For this Position: (HR use only) New Position □ Yes □ No Job #					
	State	Zin Cod							
City	State	Zip Cod	е						
New Phone Number									
Student's Signature Date									

Remarks: