

Student Personnel Action Form

SP-1

Effective Date

1. Identification: (Complete in all Cases)			5. Promotion/Adjustment:		
Last Name		First Name	MI		Type of Change: <input type="checkbox"/> Promotion <input type="checkbox"/> Adjustment <input type="checkbox"/> Merit
Street Address			Previous Job Title (If Promotion)		Prev. Pay Rate
City	State	Zip Code		New Job Title (If Promotion)	
Phone #		Social Security #		Replacing (Employee)	
Department Name			Dept Number		
<input type="checkbox"/> Check here if International Student		Student ID			
2. New Hire:			Rehire:		
<input type="checkbox"/> Work Study <input type="checkbox"/> Work Assistance <input type="checkbox"/> Intl Work Supplement			Job Title		
Pay Rate		Work Hrs/Week	Service Date		
Replacing (Employee)			Prior Pay Rate		
3. Transfer:			6. Termination:		
From Department: Name		Dept Number			
Previous Title		Prev. Pay Rate	Prev. Hrs/Wk		
To Department: Name		Dept Number			
New Title		New Pay Rate	New Hrs/Wk		
Amount of Rate Change	Replacing (Employee)				
4. Name/Address/Telephone Change:			7. Department Approval: (Two Signatures Req'd)		
New Name: Last Name		First Name	MI		
New Address: Street/Apt #					
City	State	Zip Code			
New Phone Number					
Student's Signature			Date		
			8. Budget/Administrative Approval:		
			Signature		
			9. Human Resources Approval:		
			Signature		
Approved SP-8 For this Position: (HR use only)					
New Position <input type="checkbox"/> Yes <input type="checkbox"/> No Job # _____					

Remarks: