

EMPLOYEE REQUISITION/PERSONNEL ACTION REQUEST FORM

Please follow				ies for ass	istance.	Incon	nplete Re	equisi	tions wil	u be	returne	to the Pi	repare	r ana	will delay i	reques	ted transactu
GENERAL INFORMATION Data Propagar's Name				Department									Extension				
Date Preparer's Name			Department									Extension			ension		
☐ Revised Requ				ew Positio		Repl	lacement	Positi	ion: (Pr	evic	ous Incun	nbent)					
PART I: EMP	PLOY	EE 1	INFORMA	TION									<u> </u>	F 1	C		
Division													Employee Group: ☐ Faculty ☐ MPP ☐ Staff				
Employee's I					ee's Lega	Legal Name Last, First, Middle Initial (Leave blank for Recruitment)											
☐ General Fund ☐ Non-General F		Note															
PART II: ACT	TION	RE	QUESTED	– (Selec	t <u>ALL</u> t	hat a					or defin	itions		_			
☐ Appointment ☐ Concurrent ☐ Extended Temporary Appointment ☐ Retired Annuitant Appointment (Limited to 960 hrs per Fiscal year) ☐ Reassignment (If temporary, include Ending Date below) ☐ Emergency Hire				☐ Time Base Change ☐ Working Title ☐ Demotion ☐ Supervisor Ch ☐ Reclassification ☐ Stipend for: ☐ In-Range/In-Class Progression ☐ CSUEU 5 ☐ CSUEU 9							ervisor Cha end for: SUEU 5	Change lange CSUEU 7 SUPA 8					
Effective Date of A	ction:	En	ding Date (if t	emporary):	Expla	nation	of Action	n:									
PART III: PO	SITI	ON/A	ASSIGNM	ENT IN	FORMA	TIO	N										
FROM			nt Assignm					,	TO	г	Prop	osed As	signn	nent -	- Complete	e all I	Blocks
(Leave Blank f					Recruitme							_					
Home Dept Code Home Department Name				Unit Code			ne Dept C	Pept Code Home Department N			t Name	ame			Unit Code		
Class (Job) Code Range or Grade Pos			Position #	osition #			Class (Job) Code Range			or Gra	or Grade			Position #			
Classification Title Classification Title																	
Working Title								Wor	king Title	e							
Reports to Adminis	trator's	s Nam	e/Title (MPP)					Rep	orts to Ad	lmin	istrator's l	Name/Title	(MPP)				
I Pay Plan			=	C YR			FTE/Time Base Pay Plan				Plan	n AC YR			☐ 10/12 ☐ 11/12		
FT Monthly Salary	thly Salary Rate Actual Salary Rate Stipend Amt FT Monthly Salary Rat			y Rate	te Actual Salary Rate					Stipend Amt							
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PART IV: SIC			ES/APPRC	OVALS (nly those	e req	uired)					Г	Notas		Eutonoione
Name of Administrator/Title:				Signa						Date:			Extension:				
Name of Department/Division Director:				Signa								Date:			Extension:		
Name of Department Budget Officer:			Signa	Signature:									Date:		Extension:		
Name of Vice President/Designee:			Signa	Signature:							Date: E			Extension:			
PART V: HR	USE	ONI	Y														
Req #:			sed Moving Ex n Amount Aut				In-Clas Approv				Transfer Vacation		from a		State Agenc a Transfer F		eceived
Probationary Period				Permanency			MPP Job Code:			τ.	Documented by:			:			
Begin: End:		Da	Date Eligible:								Init	nitials: Date:					
Action Reason:			Tran Code:	-									-				
Initial and Date																	
Log		HR Review Recruiter			Payroll				Letter			HR Assistant			Data Entry		
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Requisition Form/Personnel Action Guidelines

General Information	
Date	Date form is prepared
Preparer's Name	The name of the person completing the requisition form
Department	Requesting Department
Extension	Telephone extension for the person completing the form
Revised Requisition	Check for revision or correction of an original requisition
Recruited Position	New or Replacement position that is recruited
Part I: Employee Information	
Division	Requesting Division
Employee Group	Select appropriate employee group - Faculty/MPP/Staff
Employee ID #	Unique identification number
Employee's Legal Name	Employee or selected applicant's legal name
General Fund/Non-General Fund	Check the appropriate box
Notes	Additional information, if needed
Part II: Employee Information	110010010010010010010010010010010010010
Appointment	Initial hire to a recruited probationary/permanent position
Temporary Appointment	Initial hire to a recruited temporary appointment
Concurrent Assignment	Appointment to an additional, concurrent assignment
Extended Temporary Appointment	Extend an existing temporary appointment
Retired Annuitant Appointment	Appointment of a retired, former employee to an hourly position
Reassignment	Voluntary or management directed movement
Emergency Hire	Non-recruited appointment for a short-term position (60-90 days)
Time Base Change	A change in time-base. An increase may require recruitment
Demotion Demotion	Change in job classification with lower duties and salary range
	A significant, permanent change in duties that results in a job code or
Reclassification	skill level change
In-Range/In-Class Progression	In-Range progression is an increase in salary within a salary range. In- Class progression is movement from one skill level to a higher skill level within a classification.
Working Title Change	Change of working title without change to current class code title
Supervisor Change	Change in Supervisor to whom an employee reports
Stipend Stipend	Indicate the unit for which a stipend payment will be made
Effective Date of Action and Ending Date	Date the requested assignment/action will begin and end (if temp)
Explanation of Action	For example - "Filling position vacated by XX"
Part III: Position/Assignment Information	Tot example - Tilling position vacated by AA
Home Department Code	Code for Department that owns the position
Home Department Name	Name of Department that owns the position
Unit Code	Payroll Warrant Code
Class (Job) Code	CSU 4-digit classification code aka Job Code
Range or Grade	CSU specific range or grade for the class code
Position #	Position Number provided by Budget
Classification Title	CSU classification title
Working Title	Working title of the position
Reports to Administrator's Name/Title	Must be MPP – Position who will approve Absence Management
FTE/Time Base	Time Base based on a Full-Time Equivalent (FTE) of 1.0
Pay Plan (Months Off for 10/12 & 11/12 Plans)	Identify two months off for 10/12 plans. Identify one month off for 11/12 plan. Check AC YR for Academic Year positions
FT Monthly Salary Rate	Monthly base salary
Actual Salary Rate	Actual salary adjusted by time-base. Monthly for salaried employees and hourly for intermittent employees
Stipend Amount	Amount of monthly stipend
Part IV: Signatures/Approvals:	1 mount of monthly superior
	authorized to approve the requested action