Request for Personnel Action Form

Employee ___________________________ Banner ID# ___________________________

Department ___________________________ Position: ___________________________

Requested Action:

Separation: Effective date: ______________  Reason: ___________________________

(Attach Supporting Documentation)

Salary Change (Attach Supporting Documentation)
Please check off one of the items below:

☐ Merit Increase (per guidelines /union contract)

☐ Lump Sum Payment  Reason: ___________________________

☐ Salary Adjustment

Effective Date: ___________________________

Current Salary: ___________________________

Requested Salary ___________________________

Lump Sum Amount ___________________________

Reason: ___________________________

______________________________

Approvals: (Separations do not require approval)

Department Admin/Chair Approval ______________  Date ______________

Finance/Budget Approval ______________  Date ______________

Dean/Designee Approval ______________  Date ______________