

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 _____