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 _____________________________