MEMORANDUM

TO: Human Resources

FROM: CHAIRPERSON’S OR SUPERVISOR’S NAME
DEPARTMENT

DATE: DATE

RE: Personnel Action Needed for EMPLOYEE NAME(S)

Please process the personnel action detailed below. The appropriate signatures have been obtained at the bottom of this request. If you have any questions or need any additional information, please feel free to contact me. Thank you.

OTHER CHANGE (Miscellaneous personnel changes that need to be implemented)

Employee Name: ENTER NAME
Employee ID: ENTER ID
Employee’s Position #: ENTER EMPLOYEE’S POSITION NUMBER
Department Index: ENTER DEPARTMENT INDEX NUMBER
Effective Date: DATE EFFECTIVE
Action: 00011 (Other Data Change)
Description: ENTER DETAILED DESCRIPTION OF CHANGE TO BE MADE

Index Number(s): LIST THE INDEX NUMBER(S) TO BE CHARGED. IF MORE THAN ONE INDEX LISTED, PLEASE SHOW THE PERCENT ALLOCATED TO EACH INDEX.
Start Date: FIRST DATE CHARGES ARE TO BE MADE TO INDEX
Stop Date: LAST DATE CHARGES ARE TO BE MADE TO INDEX
Explanation: PROVIDE ANY OTHER INFORMATION TO WHICH YOU ARE REQUESTING CHANGES

PREPARED BY:

[Signatures]

Name (Please Print) Extension
SIGNATURES:

_____________________________________________  ____________________  
Supervisor                              Date

_____________________________________________  ____________________  
Department Head/Director or Department Chair  Date

_____________________________________________  ____________________  
Dean or Administrative Director  Date

_____________________________________________  ____________________  
Vice President or Provost  Date

HR WILL OBTAIN IF NEEDED:

_____________________________________________  ____________________  
Equity Issues  Date

_____________________________________________  ____________________  
Budget Office  Date  Position Number  Suffix

_____________________________________________  ____________________  
Grants Officer  Date  Position Number  Suffix

PLEASE MAIL THIS COMPLETED AND SIGNED FORM TO CARMEN MCNEELY, HUMAN RESOURCES, MAIL STOP 3150. THANK YOU!