download**Personnel Action Form**

(All appointed Faculty and Staff)

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| **NOTE: Start and end dates MUST coincide with the appropriate pay periods. Additional Pay Requests will be processed in accordance with IU Policy HR-03-90.** | | | | | | |
| **Personnel Action** | **Name (First, Middle, Last)** | | **Employee ID Number** | | **Effective Date** | |
| **Start** | **End** |
| **Employee Work Location (Building)** | **Room Number** | **Office Phone #** | **Supervisor** | | |
| **Job Title** | | **Department** | | | |
| **Type of Personnel Action(s):**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | New Hire | Rehire | | Change in Base Pay | Leave  Request | | Change in  Account | | Additional Pay  (HR- circle reason below) | | Change in  Title/ Classification | | (For HR Only) Change to: | | | | | | **Salary Plan** | | | **Salary Grade** | | |  |  | |  |  | |  | |  | |  | |  | | |  | | | (For HR Only) | | | | | | | | | | | | | | | | | Pay Adjustment Reason: | | **Temporary Pay Adjustment** | | | **Discretionary Bonus** | | **Digital Voice Allowance** | | **Faculty Additional Pay (Specify in Comment Section Below)** | | | | **Other**  **(Specify in Comment Section Below)** | | | | Salary Increase Reason:  (Must have approval from IU Compensation and Campus HR) | | | | | **RCL (Reclassification)** | | **HLR- Higher Level Responsibilities** | | **High Value Request** | | **Counter Offer** | | | **Market Adjustment** | | | | | | | |

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| **Budget** | **Position Number** | | **Pay Frequency**  Monthly  Bi-Weekly  **(Check One)** | | | **Base Salary** | |
| **Salary Rate** | **Hourly Rate** |
| **Additional Pay:** | | **Amount (Professional and Service/Maintenance Staff ONLY)** | | | **Percentage of Salary** | |
| **Account Number** | **Program** | | **Percentage** | **Account Number** | **Program** | **Percentage** |
| **Account Number** | **Program** | | **Percentage** | **Account Number** | **Program** | **Percentage** |
| **Account Number** | **Program** | | **Percentage** | **Account Number** | **Program** | **Percentage** |

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| **Comments** | **Reason for Request:** |

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| **Approval** | **1. Department Supervisor/Dean/ Director** | **Date** | **2. Vice Chancellor** | **Date** |
| **3. Vice Chancellor of Administration/CFO** | **Date** | **4. Human Resources** | **Date** |
| **5. Chancellor** | | **Date** | |
|  | **6. Employee** | | **Date** | |
| **(For Human Resources/Academic Affairs Only)**  **Date Entered in HRMS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |