



Office of Human Resources & Employee Relations
PERSONNEL CHANGE FORM
HR-2

Today's Date: _____

EMPLOYEE INFORMATION: ID#: _____

Last Name: _____ First Name: _____ MI: _____

EMPLOYEE CLASSIFICATION: _____ WORK SCHEDULE: _____

SUPERVISOR: _____ DEPARTMENT: _____

POSITION INFORMATION:

Table with 8 columns: Current Position Title, Position Code, Salary Sched, Range, Step, %FTE, Salary, Labor Distribution / FOAP.

#2 Business Services FOAP Approval Signature/Initial _____ Comment: _____

Table with 8 columns: Proposed Position Title, Position Code, Salary Sched, Range, Step, %FTE, Salary, Labor Distribution / FOAP.

ACTION TYPE: _____

Board Approval Date: _____ Action Effective Dates: From: _____ To: _____

Comments: _____

***** SIGNATURES MUST BE OBTAINED PRIOR TO SUBMISSION TO HUMAN RESOURCES *****

#1 Requestor/Administrator - Print Signature Date: _____ (Route to #2 (above) Business Services FOAP Approval if funding change - including out of class) (Route to #3 Applicable Exec Council Member if no funding change)

#3 Applicable Executive Council Member - Print Signature Date: _____ (Route to #4 Executive Director of Business Services)

#4 Executive Director of Business Services Date: _____ (Send to Human Resources)

Human Resources Office Use Only: PCF Processed by: Signature: Date: Meets Minimum Qualifications for "Out of Class" Signature: Date: Position#: Entered in Banner by: _____

Copies: [] Original/Personnel File [] Copy/Payroll