



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:

Current Position Title: Position Code: Salary Sched: Range: Step: %FTE: Salary: Labor Distribution / FOAP:

Proposed Position Title: _____

ACTION TYPE: _____

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

Comments: _____

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

APPROVALS:

Requesting Dean or Director - Print Signature Date: (Route to Applicable Executive Council Member)

Applicable Executive Council Member - Print Signature Date: (Route to Business Services if funding change - including out of class) (To HR if no funding change)

Executive Director of Business Services - Signature Date: (Funding Changes Only - Including Out of Class) - (Route to HR)

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