BOWIE STATE UNIVERSITY Office of Human Resources Personnel Action Form

| SECTION I – Identifying Information | | | | |
|--|------------------|-----------------|------------------------------|--------------------------|
| PIN | Departme | | | Date |
| Employee Name | | | | |
| <u>Check all that apply</u> - Sta | atus: Regular | | Faculty | |
| | Conting | ent I / II | Exempt Staff | |
| | | | Non-Exempt Staff | |
| | | | | |
| SECTION II – Change Information | | | | |
| Reason for change: | | | | |
| Salary Adjustment | Promotion | Retention | Acting Salary Increase | Transfer (10 day notice) |
| Equity | Title Change | PIN Conversion | Demotion | Completion of Probation |
| Market | Reclassification | Release Time | Bonus Amount | |
| Shaded area for HR completion. | | | | |
| All Salary actions requir | e documentation. | | | |
| Effective Date of Chang | | | | |
| Yearly Salary Change | From: | | To: | |
| Department | From: | | To: | |
| Position Title | From: | | To: | |
| Range/Grade | From: | | То: | |
| Category | From: | | То: | |
| Dept ID/Account Code | From: | | To: | |
| SECTION III – New Hire Information (This section is completed by the Office of Human Resources) | | | | |
| | | | | |
| Position Title Union Exclusion: | Mgr Supv | Confidential | Starting Salary | |
| Title Code | | Range/Grade_ | | Effective Date |
| Department ID | | Account Code | | Percentage |
| Department ID | | Account Code | | Percentage |
| Orientation Date | | Supervisor Name | | _ Campus Ext |
| | | | | |
| SECTION IV – Authorized Signatures (2 Days Per Signature) | | | | |
| | | | | |
| 1.Dept Head/Chairperson | & Dean | Date 5 | . Budget Office | Date |
| 2.Area Vice president | | Date 6 | .Vice President of Administr | ration & Finance Date |
| $\overline{3.\text{Grants Accounting (if a)}}$ | pplicable) | Date 7 | '.President | Date |
| 4.Grants Compliance (if a | applicable) | Date 8 | B.Human Resources | Date |
| HR - Personnel Action Form Revised 10/08 | | | | |

BOWIE STATE UNIVERSITY Office of Human Resources Personnel Action Form

Instructions

This form should be used for all personnel actions indicated on the front of the form.

The following instructions should be used when completing the form:

SECTION I Identifying Information

• This section requires employee identification and the current department

SECTION II Change Information

- Check the reason(s) for change.
- Indicate all changes from the current status to the new status for approval. Indicate no change if the information remains the same.
- Grant funded positions will require a Personnel Action Form when the project ID changes at the beginning of the grant year.

SECTION III New Hire Information (this section is completed by the Office of Human Resources)

• Human Resources will confirm and complete the new hire information based on the hiring manager's recommendation, approved budgeted amount and the new hire's acceptance.

SECTION IV Authorized Signatures

- All signatories are numbered in the order of operation/flow.
- Each receiving office will date stamp the PAF, authorize within 2 days, and forward to the next office in a sealed envelope (stamped confidential).
- If the process flow is interrupted, the holder of the PAF must contact the initiator (Signatory #1) for status and or resolution.



Completed by

Supervisor

Day 1-15 Each Signatory will date stamp the PAF upon receipt and forward to the next office

within 2 days.

HR