

# PERSONNEL ACTION FORM

EMPLOYEE  
LAST NAME

BENEFITED  NON-BENEFITED

Please complete all sections. Return to Foundation. A copy will be returned to you. **DO NOT** write in shaded areas.

**THIS FORM TO BE COMPLETED BY THE PROJECT DIRECTOR AND THE EMPLOYEE**

Last Name:	First Name/MI:	Emp ID:	OFFICE Use Only
Home Mailing Address:			
1. Are you a CSUC employee? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, <input type="checkbox"/> Faculty <input type="checkbox"/> Staff I certify the hours worked on all Foundation projects combined with my university employment will not exceed 125% time. Int. _____			
2. Are you an Associated Students or Research Foundation Employee? <input type="checkbox"/> No <input type="checkbox"/> Yes			
3. Do you have any relatives that work for the CSU, Chico campus, Research Foundation, or the Associated Students? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Location, Name and Relationship:			
4. Are you a student of CSUC? <input type="checkbox"/> No <input type="checkbox"/> Yes, <input type="checkbox"/> Undergrad <input type="checkbox"/> Grad # Units _____ Other School: <input type="checkbox"/> I <input type="checkbox"/> V <input type="checkbox"/> A			

EFFECTIVE DATE OF ACTION: \_\_\_\_\_

PLEASE LIST ALL PROJECT/OBJECT NUMBERS AFFECTED BY THIS ACTION BELOW

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> NEW HIRE TO PAYROLL | <input type="checkbox"/> PROJECT/OBJECT ADDITION                     | <input type="checkbox"/> LEAVE WITHOUT PAY | <input type="checkbox"/> OTHER _____               |
| <input type="checkbox"/> RECLASSIFICATION    | <input type="checkbox"/> SEPARATION FROM PROJECT(S)                  | <input type="checkbox"/> FMLA LEAVE        | <input type="checkbox"/> TERMINATION OF EMPLOYMENT |
| <input type="checkbox"/> REHIRE              | <input type="checkbox"/> PAY CHANGE (Attach Evaluation/State Reason) | <input type="checkbox"/> RETURN FROM LEAVE |  |

EXPLANATION OF ACTION: \_\_\_\_\_

Project Director:	Email:	Project Phone:	Project Zip:
Project Name:	Name of Supervisor:	Email:	
Employee Work Phone:	Project Contact Person:	Email:	

Employee Job Title: \_\_\_\_\_ Work Location  On Campus  Off Campus Location: \_\_\_\_\_

\_\_\_\_\_ HRS/WK

(\_\_\_\_\_%) FTE

List 3 Essential Job Duties: (Attach Job Description-new hire or change in duties)

- \_\_\_\_\_  Will work for a duration of 6 months or less
- \_\_\_\_\_  Will work more than 6 months at 20 hours a week or **more**
- \_\_\_\_\_  Will work Intermittently

Will the employee be required to **drive** a vehicle during the course of employment?  No  Yes

Will the employee **supervise** other employees?  No  Yes

PROJ-OBJ NO:	PAY RATE:	HR	SALARY	FLAT	PAY	POSN	FICA	OT	BEG DT.	END DT.
PROJ-OBJ NO:	PAY RATE:	HR	SALARY	FLAT	PAY	POSN	FICA	OT	BEG DT.	END DT.
PROJ-OBJ NO:	PAY RATE:	HR	SALARY	FLAT	PAY	POSN	FICA	OT	BEG DT.	END DT.
PROJ-OBJ NO:	PAY RATE:	HR	SALARY	FLAT	PAY	POSN	FICA	OT	BEG DT.	END DT.

**THIS EMPLOYEE ACTION IS NOT VALID UNTIL THE RESEARCH FOUNDATION HUMAN RESOURCES OFFICE HAS REVIEWED AND APPROVED BY SIGNING BELOW.**

\_\_\_\_\_  
EMPLOYEE SIGNATURE DATE  
Pending HR approval I have read and accepted the attached conditions of employment.

\_\_\_\_\_  
PROJECT DIRECTOR SIGNATURE DATE  
Pending HR approval I have offered the position above and with the attached conditions of employment.

\_\_\_\_\_  
HUMAN RESOURCES SIGNATURE DATE

\_\_\_\_\_  
RESEARCH AND SPONSORED PROGRAMS DATE