CSU, Chico Research Foundation

PERSONNEL ACTION FORM
SECOND PAGE

ADDITIONAL PROJECT/OBJECT

Last Name: _____

ID#: _____

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Return to Foundation for approval. A copy will be returned to you.

DO NOT write in shaded areas.

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

PROJECT DIRECTOR DATE

FOUNDATION HUMAN RESOURCES DATE

RESEARCH AND SPONSORED PROGRAMS DATE

Rev 10/07

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