PERSONNEL ACTION FORM

Chico State Enterprises

☐ BENEFITED ☐ NON-BENEFITED ☐ STUDENT

Please complete ALL sections. Return to Chico State Enterprises HR. DO NOT write in shaded areas.

Last Name:	First Name/MI:	CSE Emp ID:

Is this person a CSUC employee? Yes ☐ No ☐

If yes, ☐ Faculty OR ☐ Staff: CSU/CSE HR approval required.

If a CSUC student, ☐ Undergraduate OR ☐ Graduate

Primary Department: Select One

Employee Location: Select One

Other Location:

ACTION REQUESTED: Please select an option below.

☐ NEW HIRE TO PAYROLL ☐ Recruitment ☐ No Recruitment - INCLUDE EMPLOYEE SIGNED JOB DESCRIPTION

Candidate's personal email address: _____

☐ RECLASSIFICATION – **Change from or to benefited/non-benefited only**

☐ SEPARATION OF EMPLOYMENT – **Include final timesheet & separation documents**

☐ REHIRE – **Include job description**

☐ ADD PROJECT(S)/OBJECT(S)

☐ REMOVE PROJECT(S)

☐ PAY CHANGE – **Include evaluation and/or reason**

☐ FMLA LEAVE

☐ RETURN FROM LEAVE

☐ INACTIVATE EMPLOYEE

☐ ACTIVATE EMPLOYEE

☐ OTHER

EXPLANATION OF ACTION: _____

Name of Project Director: Email:

Project Supervisor/Contact Person: Email:

Employee Job Title: Please include employee signed job description if there is a change in title.

Estimated Hours Per Year: FTE%: (Auto Calculates from Estimated Hrs/Yr) 0.00 ☐ Salary/Exempt **(Requires HR Approval)** ☐ Hourly/Non-Exempt

Please complete project details below with **ALL** project/object numbers affected by the requested action. For retroactive pay adjustments, please reference the Retroactive Pay Policy.

PROJECT NO.	OBJECT NO.	PAY RATE:	HR ○ SALARY ○ FLAT ○	PAYROLL PROCESSING DATE (1ST OR 16TH)	EFFECTIVE DATE	END DATE
				Select an Option		
				Select an Option		
				Select an Option		
				Select an Option		
				Select an Option		
				Select an Option		
				Select an Option		
				Select an Option		
				Select an Option		
				Select an Option		

PROJECT AUTHORIZED SIGNER'S TYPED/PRINTED NAME
(Must be one up from employee)

PROJECT AUTHORIZED SIGNATURE
(Must be one up from employee)

DATE

FLBN ☐
RGNA ☐ Units: _____
FRST ☐ Units: _____
STNT ☐ Colg CD: _____
FAST ☐

THIS EMPLOYEE ACTION IS NOT VALID UNTIL CSE HUMAN RESOURCES OFFICE HAS REVIEWED AND APPROVED BY SIGNING BELOW.

HUMAN RESOURCES SIGNATURE DATE

CSE SIGNATURE DATE