Submit with Personnel Action Form Page 1

Chico State Enterprises

PERSONNEL ACTION FORM – Page 2

EMPLOYEE LAST NAME

☐ BENEFITED ☐ NON-BENEFITED ☐ STUDENT

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

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