

BENEFITED NON-BENEFITED STUDENT

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

THIS FORM TO BE COMPLETED BY THE PROJECT DIRECTOR

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

- Are you an existing CSUC employee? Yes No
If yes, Faculty OR Staff: CSU/CSE HR approval required.
I certify the hours worked on all CSE projects combined with my university employment will not exceed **125%** time. Initials _____
- Are you a student of CSUC? Yes No
If yes, Grad Undergrad #Units _____ Other School: _____
- Do you have relatives that work for the CSU, Chico campus, CSE or the AS? Yes No
If yes, Location, Name and Relationship: _____

ACTION REQUESTED: Please select an option below.

- NEW HIRE TO PAYROLL
 PROJECT/OBJECT ADDITION
 FMLA LEAVE
 OTHER
 RECLASSIFICATION
 SEPARATION FROM PROJECT(S)
 RETURN FROM LEAVE
 TERMINATION OF EMPLOYMENT
 REHIRE
 PAY CHANGE (Attach evaluation/State Reason)
 (Attach final timesheet and term documents)

EXPLANATION OF ACTION: _____

Project Director: _____ Email: _____ Phone: _____

Name of Supervisor: _____ Email: _____ Phone: _____

Project Contact Person: _____ Email: _____ Phone: _____

Project Name: _____

Employee Job Title: _____ Employee Work Phone: _____ Employee Work Location: _____

Employee Job Duties (list 3) _____

Estimated Hours Per Week: _____ FTE%: _____ Salary/Exempt (Requires HR Approval) Hourly/Non-Exempt

Employee's job description/duties require driving a minimum of **two** times per/wk for business. Yes No

Employee's job description/duties require supervising others. Yes No

Employee will have direct contact with minors, elderly, and/or individuals with disabilities. Yes No

Employee will interact with protected Level 1 data & assets (<https://www.csuchico.edu/isec/data-protection/index.shtml>). Yes No

Employee's job description/duties require working outdoors. Yes No

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 (1 st OR 16 th)	EFFECTIVE DATE	END DATE
PROJECT NO.	OBJECT NO.	PAY RATE:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PAYROLL PROCESSING DATE (1 st OR 16 th)	EFFECTIVE DATE	END DATE
PROJECT NO.	OBJECT NO.	PAY RATE:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PAYROLL PROCESSING DATE (1 st OR 16 th)	EFFECTIVE DATE	END DATE
PROJECT NO.	OBJECT NO.	PAY RATE:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PAYROLL PROCESSING DATE (1 st OR 16 th)	EFFECTIVE DATE	END DATE
PROJECT NO.	OBJECT NO.	PAY RATE:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PAYROLL PROCESSING DATE (1 st OR 16 th)	EFFECTIVE DATE	END DATE
PROJECT NO.	OBJECT NO.	PAY RATE:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PAYROLL PROCESSING DATE (1 st OR 16 th)	EFFECTIVE DATE	END DATE
PROJECT NO.	OBJECT NO.	PAY RATE:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PAYROLL PROCESSING DATE (1 st OR 16 th)	EFFECTIVE DATE	END DATE

Print Form

Clear Form

PROJECT DIRECTOR SIGNATURE _____ DATE _____
(Must be one up from employee)

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

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 _____

