



Valdosta State University Faculty and Staff Personnel Action Request

Employee Name:		EMPL ID (from 1USG):		Position Title:		
Reports to:		Time Approver:		Home Department:	Proposed Start Date:	Job End Date (if applicable):
<input type="checkbox"/> Rehired Retiree		Position Number:		<input type="checkbox"/> Need a new position number (Attach Budget Amendment)		
Hours Per Week (PT must be 19 hrs. or less or benefits will be offered)				Compensation:		
Dept. Name:	Dept. ID:	Percent:	Fund:	Program:	Class:	Project:
Dept. Name:	Dept. ID:	Percent:	Fund:	Program:	Class:	Project:
Employment Status (check all that apply):		Job Action (check all that apply):			<input type="checkbox"/> Request to Post Position (If yes, provide date below) Posting Date: _____	
<input type="checkbox"/> Vacant position <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary (can only work up to 1 year or 1300 hours, then requires a 26 week break). <input type="checkbox"/> Limited Term		<input type="checkbox"/> New Position <input type="checkbox"/> Re-Hire <input type="checkbox"/> Position Transfer <input type="checkbox"/> Dept. Transfer <input type="checkbox"/> Position Funding Change <input type="checkbox"/> Pay Change <input type="checkbox"/> Reports to Change <input type="checkbox"/> Reclassification (on hold until after CVIQG study)			<input type="checkbox"/> Standard Posting Time by Employee Type Full Time = 10 Calendar Days, Internal = 5 Calendar Days, Faculty = 30 Calendar Days -----OR----- <input type="checkbox"/> Open until Filled	
Comments:						
Please complete: *** Once all signatures are obtained, please send the completed form back to HR.						
_____ Supervisor/Budget Manager Name Print		_____ Signature		_____ Date		
_____ Dean/Director Name Print		_____ Signature		_____ Date		
_____ VP/Provost Name Print		_____ Signature		_____ Date		
HR ONLY:						
Job Code: _____ Pay Grade: _____ Pay Group: _____ Regular/Temporary: _____						
Background Check Returned: _____ MCOP: _____ Approved Start Date: _____						