



CLASSIFIED PERSONNEL ACTION FORM

CLASSIFIED/LTE EMPLOYEE

POSITION INFORMATION

Classification Title Requested: _____ (Attach Position Description)

Type of position:

- Permanent Employment Period: _____ to indefinite.
- Project Employment Period: _____ to _____
- LTE Employment Period: _____ to _____ (if known)

(LTE ONLY) - Total fiscal year dollar commitment for this position: \$ _____ .

New Position: Yes No - Replacing (name/classification/FTE%) _____

Salary Range: \$ _____ to \$ _____ /hr Redbook Budget: _____ FTE %: _____

Account Code: App: _____ IBAC: _____ DDU No.: _____ %: _____

App: _____ IBAC: _____ DDU No.: _____ %: _____

(must total 100%) Total %: _____

Other (change acct code, LTE hourly rate, etc.): _____ Effective Date: _____

1st Line Supervisor: _____

Division/Dept/Unit Name: _____

EACH SIGNATURE DIRECTLY BELOW INDICATES REVIEW OF ABOVE AND APPROVAL TO PROCEED WITH ESTABLISHED RECRUITMENT PROCEDURES:

_____ Chair/Director	_____ Date	_____ Dean/Division Officer	_____ Date
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Higher Authorization Date

Budget Planning & Control: Approved: _____ Date: _____

Human Resources: Class Code: _____ Schedule/Range: _____ EEO: _____ Job Group: _____

PD Approved: _____ CBC HR Initials: _____ Date: _____

EMPLOYEE INFORMATION

Name: _____ Person ID#: _____

Home Mailing Address _____ City/State/Zip _____ Home Phone Number _____

Wage** \$ _____ per hour Start Date: _____ Gender: M F Birth Date: _____

Employee Work Building: _____ Room #: _____ Prim Work Phone: _____ Sec Work Phone: _____

If wage is over approved range above, Budget must re-approve

HR USE ONLY

Exempt Non-Exempt Prior WRS: Yes No UW Sys. Hire Date: _____

Cont. Serv. Start Date: _____ Prob.: Orig. Promo Perm. Prob. Ends: _____

Appt. Type: New Original Promotion Transfer Reinstatement Demotion

SSN: _____ APPT ID: _____ CUPA No.: _____