



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 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:

<hr/>	Date	<hr/>	Date
Chair/Director		Dean/Division Officer	

 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.: