



WJU Personnel Action Notice: STAFF

**CHECK ONE:**

- NEW HIRE** Start Date: _____
- STATUS CHANGE** Effective Date: _____
- POST OPEN POSITION TO WEBSITE:** Post Date: _____ Anticipated Start Date: _____
*Employee may not work until supervisor receives verification of eligibility from HR.

Employee Name:	
Title:	Supervisor:
HOME Department Name:	HOME Department #:

Employee Designations (check one): <input type="checkbox"/> Full-time (40 hrs/week) <input type="checkbox"/> Part-time _____ hrs/week <input type="checkbox"/> Seasonal/Temporary: Length of Assignment: _____ Pay period (check one): <input type="checkbox"/> 12 mos/52 wks <input type="checkbox"/> Acad. Year #wks/yr _____ Supervisor Status (check one): <input type="checkbox"/> Non-Supervisor <input type="checkbox"/> Supervisor Status Change: <input type="checkbox"/> Promotion <input type="checkbox"/> New Title _____ <input type="checkbox"/> Termination <input type="checkbox"/> Resignation <input type="checkbox"/> Add Dept. # _____ <input type="checkbox"/> Leave of Absence _____ <input type="checkbox"/> Return _____ Comments: _____	Compensation: Rate \$ _____ /Hourly Salary \$ _____ /Annually Dept.#: _____ Classification (Check One): <input type="checkbox"/> Non-exempt <input type="checkbox"/> Exempt* (*must meet exempt labor law criteria) <input type="checkbox"/> Pay change Prior Rate \$ _____ Per _____ New Rate \$ _____ Per _____ Dept. #: _____ <input type="checkbox"/> Bonus/Payment: Pay \$ _____ X # of Semi-Monthly Installments _____ = Total \$ _____ Dept. #: _____
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Budget:
 \$ _____ Annual impact of budget changes: Unbudgeted Position Over Budget Under Budget
 This is an existing Board Approved Budget position. Job title listed in Adaptive as: _____
 This replaces a current position in Adaptive. The name/ job title as currently listed in Adaptive: _____
 Existing budget in Adaptive: \$ _____ Annual Salary OR _____ Hours/Week \$ _____ Hourly Rate
Please explain budget changes (if any):

Signatures: (Required prior to submitting to HR)

Budget Manager: _____	Print Name: _____	Date: _____
Executive Team Member: _____	Print Name: _____	Date: _____
*Chief Financial Officer: _____	Print Name: _____	Date: _____

*CFO signature **REQUIRED** for new hires, salary increases & budget changes.

HR/PAYROLL ONLY		Scanned _____
<input type="checkbox"/> NEW TO WJU W/C CODE: _____ SOC CODE: _____ HR Reviewed: _____		
Benefits: <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible <input type="checkbox"/> No Change _____		
Employee # _____	Entered by _____	Date _____