



Office of People, Culture, and Talent (Human Resources)
PERSONNEL CHANGE FORM
HR-2

Today's Date: _____

EMPLOYEE INFORMATION: ID#: _____

Last Name: _____ First Name: _____ MI: _____

EMPLOYEE CLASSIFICATION: _____ WORK SCHEDULE: _____

SUPERVISOR: _____ DEPARTMENT: _____

POSITION INFORMATION:

Table with 8 columns: Current Position Title, Position Code, Salary Sched, Range, Step, %FTE, Salary, Labor Distribution / FOAP.

#2 FOAP Approval Signature/Initial: _____ Comment: _____

Proposed Position Title: _____ (Route to #3 Applicable Executive Council Member)

Table with 8 columns for proposed position information.

ACTION TYPE: _____

Board Approval Date: _____ Action Effective Dates: From: _____ To: _____

Comments: _____

***** SIGNATURES MUST BE OBTAINED PRIOR TO SUBMISSION TO PCT/HUMAN RESOURCES *****

#1 Requestor/Administrator - Print Signature Date: _____

(Route to #2 (above) (FOAP Approval if funding change - including out of class)
(Route to #3 (Applicable Exec Council Member if no funding change)

#3 Applicable Executive Council Member - Print Signature (Route to #4 Financial & Fiscal Services Date: _____

#4 Financial & Fiscal Services (Send to PCT/HR) Date: _____

PCT/Human Resources Office Use Only: PCF Processed by, Meets Minimum Qualifications for "Out of Class", Position#, Entered in Banner by.

Copies: [] Original/Personnel File [] Copy/Payroll