



# Personnel Action Form

Employee name: \_\_\_\_\_

Today's date : \_\_\_\_\_ Effective date : \_\_\_\_\_

**Action needed: (Please check all that apply)**

Old superseded information

New revised information

**Personal**

- Change of address, phone numbers, etc \_\_\_\_\_
- Changes in benefits, coverage, or contributions must also be done on the appropriate PEHP, URS, or TIAA change forms.
- Other \_\_\_\_\_

**Employee Signature & Date**

\_\_\_\_\_  
 \_\_\_\_\_

**Position**

- Change of work location \_\_\_\_\_
- Change of compensation coding \_\_\_\_\_
- Change of title or promotion\* \_\_\_\_\_
- Change in compensation \* \_\_\_\_\_
- Change of supervisor \* \_\_\_\_\_
- Termination of employment \* \_\_\_\_\_
- Other \_\_\_\_\_

\* Items require the signature of the Campus President

**Additional details of changes: (if necessary)**  
**Old superseded information**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**New revised information**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Approvals as required by policy:**

Print name

Signature

Date

Supervisor \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Director \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

HR Dept \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Campus President \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Business Office :**

Completed by:

Date:

- Employee directory change \_\_\_\_\_
- Vendor file change \_\_\_\_\_
- Payroll system change \_\_\_\_\_
- Shared file/network access change \_\_\_\_\_
- PEHP notification \_\_\_\_\_
- PEHP 125 plan change \_\_\_\_\_
- URS/TIAA notification \_\_\_\_\_