UNIVERSITY

SONOMA EMPLOYMENT SERVICES

Personnel Action Form

Requisition Overview				Log No (HR only)				
Submission Date				HR Dept. #	ŧ	Payroll Unit #		
Submitted By				Type of Em	nployment Change			
Dept. Name				PeopleSof	t Position # (HR only)			
J	ob Information							
	Current Job Informo	ition (if applicable)			> New Jol	o Information		
Employee						Empl Record #		
Title				Title				
Appropriate Administrator			Appropriate	Administrator				
Job Code	Code Benefits Eligible			Job Code		Benefits Eligible		
Schedule	Pay Plan		Schedule		Pay Plan			
Salary (\$)	Time Base (%)		Salary (\$)		Time Base (%)			
Effective Date	tive Date End Date			Effective Dat	e	End Date		
Account Num	ber to Charge PAF Related A	ctions to: 660957-		Backç	ground Check Required	Pre-Placement	Physical Required	
Distrib	ution of Labor Cost	Grant Funded	Yes No		Identify funds from wh	nich position is to be pa	id.	
Fund	Finance Dept. ID	Project/Grant	% Applied	Fund	Finance Dept. ID	Project/Grant	% Applied	
Budget Office	Use Only De	epartment	artment Pool		Appointment	t JED		
Comments						Entered in PS		
E	udget Impact	Un	it Approval					
Salary Change	e (%)							
Fiscal Impact (\$)		Appropriate A	Appropriate Administrator (Route for			Date		
				Yes, "Position I	Description" is attached			
lusti	fication REQUIRED					Data		
JUSINICATION REQUIRED		Dept Reviewer	Dept Reviewer/Principal Investigator (Email to AVP/Dean/Director)			Date		
Please expla	n basis for request here							
		AVP/Dean/Dire	AVP/Dean/Director (Email to Vice President/Provost/Pre			nt) Date		
		Vice President	/Provost/President	(Ema	il to hrreq@sonoma.edu)	Date		
		Human Re	Human Resources Approval					
		Human Resour	Human Resources Approver/Director		(Email to Budget)	Date		
					(Lindino bodger)	Baio		
		Budg	get Approval					
		Budget Approv	Budget Approver/Director			Date		
		Chief Financia	l Officer			Date		
		Recruiter Intials	5		Budget Initials			

Questions? Contact HR hr@sonoma.edu