



Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

MI: \_\_\_\_\_

Tech ID: 

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Date: \_\_\_\_\_

Appointment	
✓ all that apply	
	Full-Time
	Part-Time
	Intermittent
	Seasonal
	Temporary Unclassified

Type	
✓ all that apply	
	New Hire
	Reappointed/Extension
	Temporary/Emergency
	Transfer (Internal)
	Transfer (From other state agency)
	Reallocation
	Reassignment (Temp or Perm)
	Temporary ____ months
	Permanent
	Work Out of Class
	Promotion
	Demotion

Change/Misc.	
✓ all that apply	
	Change in FTE from _____ to _____
	Cost Center Change
	Title Change
	Return from Leave
	Other:

Separation	
✓ all that apply	
	Appointment Ended
	Deceased
	Layoff
	Non-Certified
	Resignation
	Retirement
	Termination
	Other:

Check if currently employed at another state agency.

Agency Name: \_\_\_\_\_

Effective Dates:	Begin:	End (if applicable)
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Current				New			
<b>Classification</b>				<b>Classification</b>			
<b>Position Number</b>		<b>Job Code:</b>		<b>Position Number</b>		<b>Job Code:</b>	
<b>Cost Center</b>				<b>Cost Center</b>			
<b>Division</b>				<b>Division</b>			
<b>Department</b>				<b>Department</b>			
<b>Office No.</b>		<b>Campus Phone</b>		<b>Office No.</b>		<b>Campus Phone</b>	
<b>Barg Unit</b>		<b>Rate/Step</b>		<b>Barg Unit</b>		<b>Rate/Step</b>	
<b>Supervisor</b>				<b>Supervisor</b>			

**Comments:**

Reviewed and Approved (please route for signatures in order listed below)			
(1) Department Chair/Director/Supervisor _____ Date _____	(2) Dean (if applicable) _____ Date _____		
(3) President or Vice President _____ Date _____	(4) Budget Authorization for Classified _____ Date _____		
(5) Director HR/Affirmative Action Officer _____ Date _____			