

PERSONNEL ACTION FORM

For all Admin. Faculty, Management, or Full Time Faculty, please submit paperwork to Human Resources, WT Bldg.

Name
Street
City State Zip Code

Search Number:
US Citizen YES NO
Home Phone No.

Action Type: New Hire Promotion Salary Increase Only Transfer Other (Specify)

Appointment Type: Full Time Part Time Temp. Emergency

Faculty: Regular Regular w/Conditions Defined Term Special Special Type: A B C D (Circle One)

Education: (Highest Degree Held)

Effective Date: Last Incumbent:

Has this person ever been employed by the State (including SCSU) before? YES NO

If so, when and where?

Is this person on another State payroll? YES NO

If yes, has a Dual Employment Request Form been submitted? YES NO

CURRENT OR NEW HIRE

Department
Title
Rank
Bi-Weekly Salary
Annual Salary
Position # Org. #

TO (IF APPLICABLE)

Department
Title
Rank
Bi-Weekly Salary
Annual Salary
Position # Org. #

Approved: Chairperson/Director Date
Dean/Director Date
Appropriate Vice President Date
Director of Diversity & Equity Programs Date
Chief Human Resources Officer Date

The Following Information Is To Be Filled Out By Affirmative Action

Ethnicity Gender Veteran Status Any Disability?
White Female Non-Veteran YES
Black Male Veteran NO
Hispanic
Asian or Pacific Islander
American Indian or Alaskan Native