

Staff Action Request Form

Department financial staff must confirm the account information before submitting this form. By submitting this form, department chairs are attesting the information provided is true and accurate. Approval of this request by the Business Office or the Office of Budget and Planning is solely based on the account information provided on this form. If the account information provided below has been modified after this form has been signed, please immediately contact the Budget and/or the Business Office. Department initiators should ensure the same account information and associated ratios provided below are also populated in the appropriate budget fields in ROCS and will be used in HCM to create the employee charging instructions for this action.

DEPARTMENT FINANCIAL STAFF:

Department:	Department ID:
Preparer's Name:	Preparer's Job Title:

FUNDING SOURCE:

Please Select One Option			Project	Task	Percentage	End Date
Operating	Grant	Other				
Operating	Grant	Other				
Operating	Grant	Other				

Approval of this request only means that you may proceed; however, all requests must adhere to applicable university policies and collective bargaining agreements. Please do not engage in any salary discussions until you have consulted with SEBS-HR. Although a staff title, grade range may have been requested, ultimately classifications and salary determinations must be reviewed by SEBS-HR (and approved by UHR), this includes acting appointments, reclassification requests, new hires (internal/external), and salary in-grades so that we can avoid pay equity disparities across our school. SEBS-HR routinely consults with UHR as needed for benchmarking compensation and classification assistance across the entire university. Please indicate if the fields below are not applicable (N/A).

PLEASE COMPLETE ALL APPLICABLE FIELDS BELOW

Request Type	
Employee Class	
Exempt / Nonexempt Status	
Appointment Term (From-To)	
Date of Separation (Month/Year)	
Name of Incumbent or Vacated Employee	
Employee ID	
Current Title	
Proposed Title	
Current Grade/Range	
Proposed Grade/Range	
Supervisor's Name	
Supervisor's Employee ID	
Proposed Rate/Salary	
Rate/Salary Benchmark (SEBS-HR)	

JUSTIFICATION FOR REQUEST:

PLEASE DESCRIBE RATIONALE FOR THIS REQUEST, WHY THIS ACTION IS NECESSARY, AND THE ASSOCIATED IMPACT ON YOUR DEPARTMENT/PROJECT.

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SCHOOL APPROVERS

Budget Approver (Operating)	Business Approver (Grant/Other)	Date
HR Staff Approver	Final Authorizer	Date