



GLENVILLE STATE

PERSONNEL ACTION REQUEST (HR-07/05)

Date _____

Name _____ Social Security Number _____
 Last First Middle

Address _____
 Street and Number City State Zip

Home Telephone _____ Home County _____ Gender: Male Female

Marital Status S M W D Veteran: Yes No Service Number _____

Branch of Service _____ Date Entered Service _____ Date Discharged _____

Date of Birth _____ Birthplace _____

Previously Employed by the State of West Virginia Yes No If yes, where _____

Relatives Employed by the State of West Virginia _____

Last Two Places Employed _____

References: Name _____ Address _____
 Name _____ Address _____

Previous Experience _____ Number of Years Previous Experience _____

Major Teaching Subject _____ Minor _____ Minor _____

Degrees: _____ College or University Conferring Degree: _____ Date Degree Conferred: _____

Additional semester hours, if any, beyond highest degree indicated above _____ (number of hours)

Employment Transfer Resignation Dismissed Replacement Change in Rate New Position

Other _____ If replacement, give name of person being replaced _____

Proposed Salary: Annually \$ _____ (Number of Months _____) Monthly \$ _____ Weekly \$ _____
 Daily \$ _____ Per Hour \$ _____ Effective Date Requested _____

Position for which Personnel Action is recommended or requested - Title _____

Account No. _____ Requested by _____ (Signature)

Position No. _____

Remarks _____

Approved: _____ **Date:** _____

Head of Department, Dean, Director, (OR) Chairperson _____

Vice President for Academic Affairs _____

President _____

Authorized for Payment: _____ **Date:** _____

Vice President for Business and Finance _____

Note: This form must be executed and approved for every employee before employee begins work.