



**GLENVILLE STATE COLLEGE
PERSONNEL ACTION REQUEST**

Employee Name _____ Date _____

(Last, First, Middle)

SSN _____ DOB _____ Department _____

Job Title _____ Requested Start Date _____

- New Hire
 Transfer
 Promotion
 Change Funding
 Pay Rate Change
 Reclassification



Funding Distribution: 100% from Home Department listed above Split Funding or Other Funding (detail below)

Position Number _____ Funding Comments _____

Proposed Salary _____ Exempt Non-Exempt **Benefits Eligible:** Yes No

Full-Time (37.5 hours a week)
 Faculty (9 month)
 Faculty (12 month)
 FTE _____
 Pay Grade _____

Part-Time- if so, indicate number of months _____
 Temporary
 Regular

If replacing, give name of person being replaced _____

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

Manager (Responsible for Hiring/Performance Evaluations) _____

Timekeeper (Time Off Requests) _____

Other Changes/Comments* _____

**Please give specific reason for change. For example- pay rate change-equity*

Approvals

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

	Print Name	Signature	Date
Head of Department			
Provost/VP for Academic Affairs	Dr. Victor M. Vega		
VP for Business/Finance	Mr. John Beckvold		
Human Resources	Mrs. Krystal Smith		
President	Dr. Tracy L. Pellett		

HR USE ONLY: Entered by _____ Date Entered _____

Comments: