



**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. Kathleen Nelson		

**HR USE ONLY:** Entered by \_\_\_\_\_ Date Entered \_\_\_\_\_

Comments: