



GLENVILLE STATE UNIVERSITY

GLENVILLE STATE UNIVERSITY PERSONNEL ACTION REQUEST

Employee Name _____ Date _____

SSN _____ (Last, First, Middle) XXX-XX-_____
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			
Area Vice President			
VP for Business/Finance	Mr. Timothy Henline		
Human Resources	Mrs. Tegan McEntire		
President	Dr. Mark Manchin		

HR USE ONLY: Entered by _____ Date Entered _____

Comments: