Grant Funded

GLENVILLE STATE UNIVERSITY
PERSONNEL ACTION REQUEST

Employee Name _____ **Date**_____
(Last, First, Middle)

SSN 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)

Current Salary $ _____ Position # _____ 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			
Chief Financial Officer	Mr. Clay Chesser		
Human Resources	Mrs. Tegan McEntire		
President	Dr. Mark Manchin		

HR USE ONLY: Entered by _____ Date Entered_____
Comments: