



BOWLING GREEN STATE UNIVERSITY

Office of Human Resources
100 College Park Office Building
Bowling Green, OH 43403
419-372-8421
Fax 419-372-2920
E-mail: ohr@bgsu.edu

CLASSIFIED STAFF ACTION FORM

GENERAL INFORMATION (Please complete applicable information)

Employee Name \_\_\_\_\_ BGSU ID# \_\_\_\_\_
Job Opening # \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender \_\_\_\_\_
Classification \_\_\_\_\_ Pay Grade \_\_\_\_\_ Hourly Rate \_\_\_\_\_
Department \_\_\_\_\_ Telephone # \_\_\_\_\_
Supervisor \_\_\_\_\_ Work Location/Address \_\_\_\_\_
Date of Hire \_\_\_\_\_ DCC / Grant / Project ID # \_\_\_\_\_

POSITION INFORMATION

New Position Position # \_\_\_\_\_ Replacing \_\_\_\_\_ Last Day \_\_\_\_\_
Full-time Twelve Month Work Schedule: Days \_\_\_\_\_ to \_\_\_\_\_
Part-time Nine Month Hours \_\_\_\_\_ to \_\_\_\_\_
Temporary Grant Funded

CHANGES (For changes not related to hiring)

Position Termination Reason: \_\_\_\_\_
Status Other Action Explain: \_\_\_\_\_
From \_\_\_\_\_ To \_\_\_\_\_

SIGNATURES

Signature of Originating Official / Date
Signature of Budget Administrator / Date
Signature of Director of Budgets / Date
Signature of OED (if hiring) / Date

OFFICE OF HUMAN RESOURCES (Office use only)

Remarks \_\_\_\_\_
OHR Approval \_\_\_\_\_
By \_\_\_\_\_ Date \_\_\_\_\_

PAYROLL OFFICE (Office use only)

Remarks \_\_\_\_\_