



BOWLING GREEN STATE UNIVERSITY

Office of Human Resources
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CLASSIFIED STAFF ACTION FORM

SECTION I

Employee Name _____ BGSU ID# _____ Gender _____
Classification _____ Ethnicity: _____
Work Location _____ Job Opening # _____
Department _____ Telephone # _____
Anticipated Date of Hire _____ Pay Grade _____ Hourly Rate _____
Supervisor _____ DCC or Grant _____
Project ID _____

SECTION II

New Position [] Replacing _____ Last Day _____
Full-time [] Part-time [] Temporary []
Twelve-Month [] Nine-Month [] Grant-Funded []
Work Schedule: Days _____ to _____
Hours _____ to _____

Signature of Hiring Official _____ Title _____ Date _____
Signature of Budget Administrator _____ Title _____ Date _____
Signature of OED _____ Title _____ Date _____

SECTION III
(Human Resource Office use only)

Position Number _____ Confirmed DOH _____
Form A _____ I-9 Processed _____ State Tax _____
Direct Deposit _____ Withholding Tax Certificate _____
Remarks _____
Manager of Records _____ Date _____