

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 _____ Dept# / 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 _____

