

DIVISION

DATE COMPLETED

INSTRUCTIONS:

1. Complete only the sections that apply to the action(s) you need to initiate.
2. Email the form to the HR Action Form inbox: HRActionForm@northeastern.edu
3. ALL CHANGES MUST BE EFFECTIVE ON A SUNDAY. **ACTION FORM MUST BE SUBMITTED TO HRM 5 DAYS PRIOR TO EFFECTIVE DATE.** CLICK [HERE](#) FOR DETAILS ON EFFECTIVE DATES

EMPLOYEE INFORMATION

NUID	FIRST NAME	LAST NAME
POSITION #	CURRENT JOB TITLE	EMPLOYEE CLASS

JOB/TITLE CHANGE

EFFECTIVE DATE	ACTION/REASON
NEW JOB TITLE (Banner title)	JOB GRADE

CHANGE IN PAY

EFFECTIVE DATE	ACTION/REASON	FUNDING END DATE
CURRENT PAY	NEW PAY	% CHANGE
<u>PAY TYPE</u> *: ANNUAL HOURLY STANDARD HOURS		
* Please provide hourly rate for weekly paid employees and annual salary for semi-monthly paid employees		

ORGANIZATION CHANGE

EFFECTIVE DATE	INDEX	ACCOUNT	PERCENT
CURRENT ORG	CURRENT DIV		
NEW ORG	NEW DIV		

FACULTY LEAVE OF ABSENCE

PERSONAL	PAID	PERCENTAGE OF BASE	
PROFESSIONAL	UNPAID	EFFECTIVE DATE	END DATE

APPROVALS AND COMMENTS

COMMENTS

APPROVALS

FORM ORIGINATOR

EXTENSION

PRINT NAME

DEPARTMENT HEAD

DATE

DEAN/DIRECTOR/VP/SVP

DATE

RAF

DATE

HRM COMPENSATION

DATE

HR OPERATIONS ONLY

DATE RECEIVED

ACTUAL EFFECTIVE DATE

HR OPERATIONS

DATE