



Office of Human Resources & Employee Relations
PERSONNEL CHANGE FORM
HR-2

Today's Date: _____

EMPLOYEE INFORMATION: ID# _____

Last Name: _____ First Name: _____ MI: _____

EMPLOYEE CLASSIFICATION: _____ WORK SCHEDULE: _____

SUPERVISOR: _____ DEPARTMENT: _____

POSITION INFORMATION:

Current Position Title: Position Code: Salary Sched: Range: Step: %FTE: Salary: Labor Distribution / FOAP:

Proposed Position Title:

ACTION TYPE: _____

Board Approval Date: _____ Action Effective Dates: From: _____ To: _____

Comments: _____

***** SIGNATURES MUST BE OBTAINED PRIOR TO SUBMISSION TO HUMAN RESOURCES *****

APPROVALS:

Requesting Dean or Director - Print Signature (Route to Applicable Executive Council Member) Date: _____

Applicable Executive Council Member - Print Signature (Route to Business Services if funding change - including out of class) (To HR if **no** funding change) Date: _____

Executive Director of Business Services - Signature
(Funding Changes Only - Including Out of Class) – (Route to HR) Date: _____

Human Resources Office Use Only:

PCF Processed by: _____ Signature: _____ Date: _____

Meets Minimum Qualifications for "Out of Class" _____ Signature: _____ Date: _____

Position#: _____ Entered in Banner by: _____

Copies: ☐ Original/Personnel File ☐ Copy/Payroll