

**SEMEL/RESNICK STAFF HUMAN RESOURCES
PERSONNEL ACTION REQUEST**

UCP Position Number _____

UCP Empl ID _____

UCLA EMPLOYEE # _____

Date Submitted: ____/____/____
MO DY YR

Requested Action

Effective Date: ____/____/____ **Employee Name:** _____
MO DY YR LAST, FIRST, MIDDLE

HIRE ACTION

- New Hire
- Rehire
- Transfer(Inter/Intra)
- Overtime Appointment
- Dual Employment (please attach Dual Employment form)
- Concurrent(Addt. Appointment)
- Work Study

CHANGE IN STATUS

- Change in Time Base from ____ % to ____ %
- Equity/Exceptional Increase
- Limited to Career
- Temp Promo/Promo/Reclass
- Voluntary Resignation*
- Termination*
- Other(Please Explain)

BUDGET ACTION

- Fund Change
- Change Percent Funded
- Split Funding

Job Title: _____ Job Code (title code): _____ FTE: _____

Duration: _____ Comp Rate: _____ Step/Grade: _____

Empl Class: Limited Career Per Diem Contract Casual Restricted (*UCLA Student*) Graduate OR Undergraduate

Work Location: _____ Work Phone: _____ Timesheet Supv: _____ Center Administrator: _____
(Reports To)

Mailcode: _____

Chart Field String (FAU)

	ACCT #	COST CTR	FUND	PROJECT CODE	SUB	% FUNDED		O / F	Funding Approval	Date
						Current	New			
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										

***EXPLANATION:** _____

APPROVAL: _____ Date _____
DIRECTOR/SUPERVISOR DIVISION ADMINISTRATOR

BUDGET OFFICE COMMENTS

