

Action Request Form - Auxiliary

Office of Human Resources

California State University, Northridge

EMPLOYEE / POSITION INFORMATION			
<u>Employee ID:</u>	<u>Current/Previous Incumbent:</u>	<u>Reports To Name:</u>	
<u>Department:</u>	<u>Working/Job Title:</u>	<u>Time Base:</u> %	Intermittent <input type="checkbox"/>
<u>Project Name:</u>		<input type="checkbox"/> Temporary-Exp Date:	Renewable: <input type="checkbox"/> Y <input type="checkbox"/> N
Appointment Type: <input type="checkbox"/> Regular <input type="checkbox"/> Sponsored Project <input type="checkbox"/> Probationary <input type="checkbox"/> Management <input type="checkbox"/> Executive <input type="checkbox"/> Appointee Named In Grant <input type="checkbox"/> Grant/Student			
PAYROLL INFORMATION			
Employer: <input type="checkbox"/> Associated Students <input type="checkbox"/> University Student Union <input type="checkbox"/> The University Corporation*			
* TUC Only	Account:	Fund:	Department: Project:
* TUC, Research & Sponsored Projects (Print):		Signature:	Date:
ACTION REQUESTED			
New Position? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Emergency Appointment - OR - <input type="checkbox"/> Requisition (Attach Position Description)			
Appointee: Reason for Appointment: Brief Job Description or Include Attachment: Effective Date: End Date:		Work Schedule : <input type="checkbox"/> Fixed Schedule (i.e. full-time or part-time) <input type="checkbox"/> Give work days: Work hours: <input type="checkbox"/> On-Call – Give anticipated work schedule: Annual Work Schedule: <input type="checkbox"/> 12 months <input type="checkbox"/> Other/Explain: Advertisement:	
Time Base: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time - # of hours <input type="checkbox"/> Intermittent – Give average number of hours/week:			
Salary (Range) :		Pay Type: <input type="checkbox"/> Semi-Monthly (TUC) <input type="checkbox"/> Bi-Weekly (AS/USU) <input type="checkbox"/> Hourly (All)	
Fingerprint: <input type="checkbox"/> Yes <input type="checkbox"/> No	License / Certification: <input type="checkbox"/> Yes <input type="checkbox"/> No	Benefits: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email: <input type="checkbox"/> Yes <input type="checkbox"/> No
		TUC: <input type="checkbox"/> Group A or <input type="checkbox"/> Group B	
OHR Approval: _____		Date: _____	CSU Comparable: _____ <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt
		<u>Effective Date</u>	<u>End Date</u> (if applicable)
Change To: (if applicable)			
Status Change	<input type="checkbox"/> <u>Extend Temporary Appointment</u>		
	<input type="checkbox"/> <u>Additional/Concurrent Assignment</u>		
	<input type="checkbox"/> <u>Reassignment</u>		<u>Dept:</u> <u>Job Title:</u> <u>Time Base:</u> <u>Reports to Name:</u>
	<input type="checkbox"/> <u>Time Base Change - Temporary</u> <input type="checkbox"/> <u>Time Base Change – Ongoing</u>		n/a
Comp	<input type="checkbox"/> <u>Compensation Review</u>		
	<input type="checkbox"/> <u>Working Title Change</u>		n/a
Miscellaneous	<input type="checkbox"/> <u>Other –</u>		
	Explain:		
CONTACT INFORMATION			
Name:		Extension:	
SIGNATURES/APPROVALS			
Name of Supervisor PRINT		Signature:	Date: EXT:
Name of Director, Research & Sponsored Programs (If Applicable) PRINT		Signature:	Date: EXT:
Auxiliary Human Resources (NAME / TITLE) PRINT		Signature:	Date: EXT:
HR USE	Comments:		
	OHR Approval:	Date	