PERSONNEL ACTION FORM FOR HOURLY POSITIONS (Non-exempt)

Name:		**Banner G#:**	
Address:			**Zip Code:**
Payroll Account Number(s)			
1)		**%**	
2)		**%**	
3)		**%**	
4)		**%**	
Department:		**Person Replaced:**	
Effective Date:			
Title:			
Full-time____	**Part-time____**	**FTE ____**	**Temporary____**
Hours per week _____	**Months to work per year ____**	**Hourly salary rate:**	
Special Circumstances or Conditions:			

_____ _____

MANAGER/CHAIRPERSON DATE **VICE PRESIDENT DATE**

_____

VP FOR FINANCE & ADMINISTRATION DATE

INSTRUCTIONS:

- **Please ensure that all portions of the form are completed since this is the source document for the employment letter.**
- **Please indicate any special instructions or conditions that apply.**
- **Ensure that each required signature has been obtained.**