



# Personnel Action Request Form

Please fill out all required fields and any applicable information. Include resume, offer letters and memos. Route for signatures and provide copies to Payroll and/or HR.

## General Information

Dept/PI Contact Info:

Date

Type of Action:

Employee:

Name (Last, First)

WSU ID Number

Title Code & Description:

Position Number:

Month Term:

Appointment Type:

Monthly \$:

FTE %:

Graduate Students: Waiver Type

RCR Date

OFW #

Appointment Dates: Start Date

End Date

## Budget Information

	Program, budget, project	Percentage	Begin Date	End Date	ADR/Stipend
Budget #1:					Monthly \$
Budget #2:					Begin Date
Budget #3:					End Date
Budget #4:					

## Purpose of Request *OR* Budget 90-Day Justification

## Comments

## Signatures

Director:

Safety Clearance

Vice Chancellor:

Approved English Proficient

Finance & Administration:

Exception to Approved Hiring Plan

Appointing Authority:

Action Denied

## HR / Payroll Office Use Only

Received by HR:

Received by Payroll:

Entered:

Completed:



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## Personnel Action Request Form: Page 2

*Page 2 needed only for hourly appointments.*

### Hourly Employee Information

Is this employee a WSU student?	YES NO	Is this employee on Work Study?	YES NO	Current or past hourly appointments?	YES NO	Current full- time staff?	YES NO
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Supervisor Signature

Hourly Rate:

Backup Supervisor:

Do you anticipate the employee will be appointed for 6 months or more?	YES NO	Anticipated hours of work per week:	0-19 20-29 30-40
Will the employee work 8 or more hours in each month?	YES NO	Will this be a seasonally recurring appointment?	YES NO

**\*\*\*NOTE: I9 must be completed before hourly employee may begin working!\*\*\***

Detailed description of job duties:

[Temporary/Hourly Classifications](#)

Academic standing: