

## Request for Personnel Action Form

Employee \_\_\_\_\_ Banner ID# \_\_\_\_\_

Department \_\_\_\_\_ Position: \_\_\_\_\_

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### Requested Action:

**Separation:**      Effective date: \_\_\_\_\_ Reason: \_\_\_\_\_  
(Attach Supporting Documentation)

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### Salary Change (Attach Supporting Documentation)

Please check off one of the items below:

- Merit Increase (per guidelines /union contract)
- Lump Sum Payment      Reason: \_\_\_\_\_
- Salary Adjustment

Effective Date: \_\_\_\_\_

Current Salary: \_\_\_\_\_

Requested Salary \_\_\_\_\_

Lump Sum Amount \_\_\_\_\_

Reason: \_\_\_\_\_

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### Approvals: (Separations do not require approval)

Department Admin/Chair Approval \_\_\_\_\_ Date \_\_\_\_\_

Finance/Budget Approval \_\_\_\_\_ Date \_\_\_\_\_

Dean/Designee Approval \_\_\_\_\_ Date \_\_\_\_\_