

Request for Personnel Action Form

Employee _____ Banner ID# _____

Department _____ Position: _____

REQUESTED ACTION:

SEPARATION: Effective date: _____ Reason: _____
(Attach Supporting Documentation)

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: _____

New PClass: _____

Requested Salary: _____

New Title: _____

Lump Sum Amount: _____

Reason:

****If this transaction will result in the change of a supervisor or organization, please complete the electronic supervisor /org change form here: <https://asaforms.rowan.edu/Forms/supervisorOrgChange/index>***

Approvals: (Separations do not require approval)

Department Admin/Chair Approval _____ Date _____

Finance/Budget Approval _____ Date _____

Other Approval: _____ Date _____