



Employee Personnel Action Form

Request Date: _____

Employee Name: _____

OneUSG Empl ID: _____ Position #: _____

Home Department: _____

Dept. ID: _____

(If new, please complete Section "C")

Employee Type: _____

Mail Drop: _____

Requested Start Date: _____

Requested End Date: _____ (Leave blank if ongoing change.)

Please give a brief explanation/reason for the change:

Note: All changes to vacant positions must be processed via HireTouch. This form is only for use with current, occupied positions and will be used by HR to update existing positions within HireTouch on behalf of the user where the usual approval process is unnecessary

Section A. Employment Changes

New Manager: _____

New Manager Position # (from OneUSG): _____

New Time Approver: _____

New Time Approver Empl ID# (from OneUSG): _____

New Campus Location: _____

Termination (All terminations require a reason code. Please select one from below. Reasons marked with an asterisk (*) are ineligible for rehire.)

Reason: _____

Last Date on Payroll: _____

Section B. Position and Pay Rate Changes (Reclassifications must be processed through HireTouch first. Do not use this form to initiate.)

New Pay Rate: _____

Annual (Exempt – Paid Monthly)

Hourly (Non-Exempt – Paid Bi-Weekly)

New Std Hrs per Week: _____

Has corresponding action been initiated in HireTouch?

No

Yes (Please enter HireTouch Requisition #: _____)

Section C. Position Funding Data Changes (If this change involves grant funding, the Grants Office must also approve.)

Please list applicable Combo Codes and Speed Types and the corresponding value for percent of pay or dollar amount. Please note that all future distributions must be listed as a percent of pay. If this change is only applicable to past distributions, then you may enter a corresponding dollar amount.

Combo Code/Speed Type	\$ or % of Pay

Section D. Approvals (To avoid a delay in processing, all job/position changes requiring a salary or budget change, including changes in hours or pay rate, must be approved by Budget. If the change impacts new/existing grant funds, it must also be approved by Sponsored Programs.)

*****PLEASE NOTE:** In order to avoid unnecessary delays in processing, a Budget Amendment is required to be turned in *WITH* this form *IF* the change involves a Pay Rate Change (Section B) and/or a Funding Data Change (Section C).***

Budget Amendment Attached?: Yes

Required Signatures:

	Supervisor Signature	Business Manager or Budget Owner Signature	Grants Signature	Send to: (Only send to one email. If in doubt, send to budget@kennesaw.edu)
Sec. A	Yes	No	No	hr@kennesaw.edu
Sec. B	Yes	Yes	If funding involves grant	budget@kennesaw.edu
Sec. C	Yes	Yes	If funding involves grant	budget@kennesaw.edu

Supervisor: _____ Signature: _____ Date: _____

Business Mgr: _____ Signature: _____ Date: _____
(or Budget Owner)

Grants (if app): _____ Signature: _____ Date: _____



Employee Personnel Action Form

*****To be completed by HR/Budget ONLY** (Please ensure both pages are submitted) ***

Employee Name: _____

Empl ID: _____ Position #: _____

Home Department: _____

Dept. ID: _____

Date Request Received: _____

Received By: _____

Approved Effective Date: _____

New Requested Pay Rate (if applicable): _____

Budget Reference Number: _____

Funding Approved: N/A Yes - By: _____

Section A. Employment Changes

Action	Budget		HR		Completed By	Date Completed
	Yes	N/A	Yes	N/A		
"Position" Created/Updated:	Yes	N/A	Yes	N/A		
"Reports To" Updated:	Yes	N/A	Yes	N/A		
"Location" Updated:	Yes	N/A	Yes	N/A		
Comments:						

Section B. Position Changes

Action	Budget		HR		Completed By	Date Completed
	Yes	N/A	Yes	N/A		
Comp & Class Approval Verified:	Yes	N/A	Yes	N/A		
Pay Rate Updated:			Yes	N/A		
If "Yes", ABBR Updated:			Yes	N/A		
Standard Hours Updated:	Yes	N/A	Yes	N/A		
FTE Updated:	Yes	N/A	Yes	N/A		
Department Updated:	Yes	N/A	Yes	N/A		
If "Yes", Department Budget Table:	Yes	N/A				
Job Code Updated:	Yes	N/A	Yes	N/A		
Pay Group Updated:	Yes	N/A	Yes	N/A		
Comments:						

Section C. Position Funding Data Changes

Action	Budget		Completed By	Date Completed
	Yes	N/A		
Department Budget Table Updated:	Yes	N/A		
Retroactive Reallocation Needed?:	Yes	N/A		
Pay Run ID:				
Pay Group:				
Comments:				