

Personnel Transaction Report (PTR)
Employment & Employee Changes

All changes in employee status must be completed in every case where there is an employee change in job classification, salary rate, job status or termination. **This form must be received by Human Resources-Auxiliary Services Corporation ("ASC") PRIOR to the effective date.** If you have any questions regarding this form, please contact Human

EMPLOYEE INFORMATION			
S.S.N.		CWID	
Last Name		First Name	Middle Initial
Address		City	Zip Code
Phone number		Email	<input type="checkbox"/> Current ASC Employee
Emergency Contact		Phone Number	<input type="checkbox"/> CSUF Faculty/Staff
All employees are required to meet federally mandated I-9 work eligibility and authorization procedures. All employees therefore must present acceptable work authorization documents in person to Human Resources-ASC no later than their first day of work as a new hire or rehire.			
EMPLOYMENT ACTION AND CLASSIFICATION			
Effective Date	Action Type		
Account Number	<input type="checkbox"/> New Hire	<input type="checkbox"/> Pay Rate Change	<input type="checkbox"/> Leave of Absence (HR approval req) From: _____ To: _____
	<input type="checkbox"/> Rehire	<input type="checkbox"/> Position Change	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Change	<input type="checkbox"/> Termination	
Employee Classification (select only one)		FLSA:	
<input type="checkbox"/> Full-time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Exempt (Salary)	<input type="checkbox"/> Non-Exempt (Hourly)
<input type="checkbox"/> Part-time	<input type="checkbox"/> Student (up to 20/hr wk)		
	<input type="checkbox"/> Internship		
JOB INFORMATION			
Rate Change Reason (if app)	**Pay Rate <small>** (HR must approve)</small>	% Rate Diff <small>current vs. proposed new rate</small>	**Proposed New Rate (if app) <small>** (HR must approve ALL pay rates)</small>
<input type="checkbox"/> Merit (attach evaluation)	Bi-weekly _____ (Salary)		Bi-weekly _____ (Salary)
<input type="checkbox"/> Promotion (HR must approve)	Hourly: _____		Hourly: _____
<input type="checkbox"/> Other _____			
Hours/Week			
Job Title: _____			
Position Change Reason	Work Location	This position:	Yes No
<input type="checkbox"/> Promotion-HR approval Req	<input type="checkbox"/> On-campus	Has supervisory authority	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Reclassification	<input type="checkbox"/> Off-campus	Works with minors, elderly, or disabled persons	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Other (Specify)	Location: _____	Has cash handling duties/access to level 1 data	<input type="checkbox"/> <input type="checkbox"/>
		Will drive on ASC related business	<input type="checkbox"/> <input type="checkbox"/>
Comments:			
DEPARTMENT AND CONTACT/TIME CLOCK INFORMATION			
Dept/Project Name:		Director/PI: (please print) _____	
		Email: _____ Phone: _____	
Budget Period:		Contact Person: (please print) _____	
From: _____ To: _____		Email: _____ Phone: _____	
Time Clock Approver/s: (please print) _____			
Email/s: _____		Phone: _____	
REASON FOR SEPARATION			
Effective Date	<input type="checkbox"/> Professional Development	<input type="checkbox"/> End Temporary Appt	<i>Requires HR Approval</i>
	<input type="checkbox"/> Better Job	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Job Abandonment
	<input type="checkbox"/> Better Pay		<input type="checkbox"/> Layoff
	<input type="checkbox"/> Personal Reasons		<input type="checkbox"/> Dismissal
	<input type="checkbox"/> Dissatisfaction with Job		<input type="checkbox"/> Fail Rtn from Leave
	Eligible for Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Separation by Agency
AUTHORIZATION SIGNATURES			
TRANSACTION IS NOT OFFICIAL WITHOUT ALL REQUIRED SIGNATURES AND FINAL HR APPROVAL			
Employee _____	Date _____	Human Resources _____	Date _____
Initiating Supervisor (optional) _____	Date _____	Executive Director _____	Date _____
Approving Supervisor (required) _____	Date _____	Pay Class _____	WC Code _____
OSP/Agency _____	Date _____	International Student <input type="checkbox"/>	
		REQ # _____	Department to retain own copy