

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	
	<input type="checkbox"/> New Hire	<input type="checkbox"/> Pay Rate Change
	<input type="checkbox"/> Rehire	<input type="checkbox"/> Position Change
Account Number	<input type="checkbox"/> Change	<input type="checkbox"/> Termination
		<input type="checkbox"/> Leave of Absence (HR approval req) From: _____ To: _____
		<input type="checkbox"/> Other: _____

Employee Classification (select only one)	FLSA:
<input type="checkbox"/> Full-time	<input type="checkbox"/> Exempt (Salary)
<input type="checkbox"/> Part-time benefited	<input type="checkbox"/> Non-Exempt (Hourly)
<input type="checkbox"/> Part-time	
<input type="checkbox"/> Temporary	
<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)	Hours/Week
<input type="checkbox"/> Merit (attach evaluation)	Bi-weekly _____ (Salary)		Bi-weekly _____ (Salary)	
<input type="checkbox"/> Promotion <small>(HR must approve)</small>	Hourly: _____		Hourly: _____	
<input type="checkbox"/> Other _____			<small>** (HR must approve ALL pay rates)</small>	

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 _____	Date _____	Executive Director _____	Date _____
Approving Supervisor _____	Date _____	Pay Class _____	WC Code _____
OSP/Agency _____	Date _____	International Student <input type="checkbox"/>	
		REQ # _____	Department to retain own copy