

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

Personnel Transaction Report (PTR)
Employment & Employee Changes

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 **PRIOR to 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"/> Leave of Absence (HR approval req)
Account Number	<input type="checkbox"/> Rehire	<input type="checkbox"/> Position Change	From: _____ To: _____
	<input type="checkbox"/> Change	<input type="checkbox"/> Termination	<input type="checkbox"/> Other: _____

Employee Classification		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 benefited	<input type="checkbox"/> Student (up to 20/hr wk)		
<input type="checkbox"/> Part-time			

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:
<input type="checkbox"/> Promotion-HR approval Req	<input type="checkbox"/> On-campus	<input type="checkbox"/> Has supervisory authority (AB1825 Training required)
<input type="checkbox"/> Reclassification	<input type="checkbox"/> Off-campus	<input type="checkbox"/> Works with Children LiveScan required: YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Other (Specify) _____	Location: _____	<input type="checkbox"/> Has cash handling responsibilities

Comments: _____

DEPARTMENT AND CONTACT INFORMATION

Dept/Project Name: _____	Director/PI: (please print) _____
	Email: _____ Phone: _____
Budget Period: (Not to exceed one year)	Contact Person: (please print) _____
From: _____ To: _____	Email: _____ 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 _____	FICA Exempt <input type="checkbox"/>	
OSP/Agency _____	Date _____	Pay Class _____ WC Code _____ International Student <input type="checkbox"/>	
		Distribution: Original: HR Copy: Payroll Copy: Employee	
		Department to retain own copy	Rev: 04/18/12