

**PERSONNEL ACTION REQUEST**

New Appointment: \_\_\_ Reappointment:\_\_\_ Salary Distribution Change:\_\_\_ FTE Change: \_\_\_\_\_  
Transfer: \_\_\_ Termination:\_\_\_ Salary Change:\_\_\_ Additional Pay (max \$100): \_\_\_  
(Over \$100 must complete Supp Comp Form)

Employee Name: \_\_\_\_\_ Previous OSU Employee? Y or N  
Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Actual Work Location: \_\_\_\_\_ Office Phone #: \_\_\_\_\_  
(Building and Rm#) (where emp will be located)

*\*Please only complete **if** you are changing or adding new information*

\*\* Salary: \_\_\_\_\_ (Hourly/Monthly/Yearly)  
\*\* FTE: From: \_\_\_\_\_ To: \_\_\_\_\_ \*\* Additional Pay: \_\_\_\_\_

*\*Please only complete **if** you are changing or adding new information*

Effective Date: \_\_\_\_\_  
**Earnings Distribution:**  
Org: Fund Project End date  
From: \_\_\_\_\_  
To: \_\_\_\_\_

**\*\* If requesting a salary increase, FTE or additional pay, please give a reason for your request:**

\_\_\_\_\_  
\_\_\_\_\_

*If Terminating, Last Day Worked:* \_\_\_\_\_

*Please remind employee/student to submit a resignation letter and stop by the personnel office to complete a check-out card.*

Effective Date of Change/Addition: \_\_\_\_\_  
Requestor's Name: \_\_\_\_\_  
(Please Print)  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_