

PERSONNEL ACTION FORM

Please complete the following form if you are hiring, changing, or terminating an employee.

Offers of employment shall be conditional pending the result of the background investigation and approved MSS transaction.

Employee Name _____ Panther Card and Employee ID # _____
(Legal Name)
 Supervisor Name _____ Supervisor Employee ID # _____
 Position/Job Title _____ Department _____ Start Date _____

Action

- | | |
|---|--|
| <input type="checkbox"/> New Hire <input type="checkbox"/> Rehire (last day worked at GSU) _____ <input type="checkbox"/> Student Assistant <input type="checkbox"/> Federal Work Study <input type="checkbox"/> Panther Works <input type="checkbox"/> University Scholars/UAP <input type="checkbox"/> Fee-based | <input type="checkbox"/> Temporary Staff <ul style="list-style-type: none"> <input type="checkbox"/> Temporary Office/Clerical <input type="checkbox"/> Temporary Professional <input type="checkbox"/> Panther Temp <input type="checkbox"/> Visiting Scholar <input type="checkbox"/> Affiliate <input type="checkbox"/> Termination (date after last day worked) Effective Date _____ |
|---|--|

Does the employee work in an additional college/unit? If yes, which department?

Brief description of duties: _____

Employee (non-GSU) Email (For Background Check/e-Hiring Packet): _____

Rate of Pay: Monthly Rate: _____ Hourly Rate: _____

Please provide justification below for student assistant/temporary employee rate of pay and attach CV when submitting form:

| <u>Speedtype(s)/Approved Funding</u> | <u>Percentage</u> | <u>Total Amount</u> |
|--------------------------------------|-------------------|---------------------|
| 1. _____ | % _____ | _____ |
| 2. _____ | % _____ | _____ |

Dept or Funding Approver Signature: _____ **Print Name:** _____ **Date:** _____

Department Chair Signature: _____ **Print Name:** _____ **Date:** _____

Internal HR Use Only: Received: _____ Processed: _____
 Processed By: _____ Position Number _____