

Name of Contact Person for Questions

## PERSONNEL TRANSACTION REQUEST FORM

Phone Ext.

ATTENTION: This appointment, reappointment or change of status is not valid, and is not approved until so indicated in writing on this form by the Toro Auxiliary Partners Human Resources. No individual may begin work without prior approval from Toro Auxiliary Partners Human Resources. It is the responsibility of the hiring coordinator/supervisor to follow up with Toro Auxiliary Partners Human Resources to confirm the status of the personnel request. This form must be received by Toro Auxiliary Partners Human Resources PRIOR to the effective date.

EMPLOYEE INFORMATION					
Name	Cell Phone	TAP Empl	oyee ID#	Date Form Printed	
Work Location (Must indicate name of city employee will be working in) Work Phone	Department				
	Division:				
Account Number Object Code % of Charge	CCUDH Status				
	CSUDH Status				
Account Number Object Code % of Charge	University Hire (if Additional Emp		ted)		
Account Number Object Code % of Charge					
Account Number Object code % of Charge					
Account Number Object Code % of Charge					
Total % of charge must equal 100	0%				
NEW HIRE/RE-HIRE/CONTINUING APPOINTMENT					
New Hire Re-Hire Continuing (Current Employees Only) Position Title (N	Must Include Position De	escription)		Hire Date	
Rate of Pay:  ** HR Must Approve				On or	
Per Pay Period Salary: Hourly:	Аррс	ointment: St	art Date	Before:  Anticipated End Date (if applicable)	
	Check One:	C Full-Tim	e, Regular Benef		
Appointment Effort %: (for Additional Employment)		Full-Time, Partially Benefited (30 - 39 hours)			
		Part-Tim	ie (20 - 25 hours)	)	
Annual Salary: (for Additional Employment)			ntral Office only		
D. Jank Associate		O Student	s (0 - 20 nours w ax during recess	rhen class is in session, 40 s periods)	
Budget Amount:	Check One:	Regular			
			ary (e.g. grant-fu ment, etc.)	nded, student	
Supervisor Name Supervisor Title			S	upervisor E-mail	

E-mail



 $Campus\ HR\ \ (Required\ for\ CSU\ MPP/Staff)$ 

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POSITION INFORMATION				
Has Supervisory authority?	○ Ye	es O No		
Will drive on CSUDH Toro Aux	iliary Partners Business? ( Ye	es 🔿 No		
POSITION/SALARY/ACCOUNT CH	IANGE (check all that apply)			
○ Account Change				
Current Account Number Cu	rrent Object Code New Accou	unt Number	New Object Code	% of Charge
Current Account Number Cu	rrent Object Code New Accou	unt Number	New Object Code	% of Charge
Current Account Number Cu	rrent Object Code New Accou	unt Number	New Object Code	% of Charge
Current Account Number Cu	rrent Object Code New Accou	unt Number	New Object Code	% of Charge
Current Job Title  Salary Change (Must provide)	iustification in writing for change in	New Job Titl	e	
Merit Promotic				
Current Per Period or Hourly	Rate Proposed New Per Pe	riod or Hourly Rate	% Change	
SIGNATURES (Transaction is not of	ficial without all required signa	itures and final HF	R approval)	
Employee	Date	Post-Award (Gra	nts & Contracts Only)	Date
Supervisor	Date	Toro Auxiliary Partners HR		Date
Project/Dept. Director	Date	Executive Direct	for (TAP Accounts Only)	Date
Dean (Required for CSU Faculty)	Date			