

**Position and Personnel Action Form
Leave Status**



SECTION I REASON FOR ACTION	Choose an item.		Choose an item.	<input type="checkbox"/> w/Benefits	<input type="checkbox"/> w/o Benefits
	Last Day Worked:	Effective Date:	End Date:		
			Choose an item.		

SECTION II EMPLOYEE INFORMATION				
	Banner ID	First Name	Middle Name	Last Name

	Current Position Title/Rank	Banner Position # (6-digits)	Supervisor/Position #	Dept./College/School
	Requested Position Title/Rank	Banner Position # (6-digits)	Supervisor/Position #	Dept./College/School

SECTION III Source of Funds (FOAP) (Optional)	Fund	Org	Account	Program	%
	Fund	Org	Account	Program	%
	Fund	Org	Account	Program	%

SECTION IV COMMENTS				

SECTION V APPROVAL	Approval Routing		Signature/Date
	Immediate Supervisor or Department Chair		
	Appropriate Vice Chancellor or Dean		
	Provost and Sr. VC for Academic Affairs		
	Title III Office		
	Budget or Contract and Grants Office		
	Employee Relations Manager		
	Classification & Compensation Manager	Sheila Wright Zeigler	
	Benefits Service Center		
	Time/Leave Coordinator	Theressa Graham	
	HRIS Specialist	Sharon Soles	
	For HR Office Use:		
	Leave Category		
	Modified Adjusted Service Date		
Notes:			