

**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 Salary and Source of Funds (Optional)	Current Amount:			Recommended Amount:	
	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				
	Employee Relations Manager				
	Classification & Compensation Manager	Sheila Wright Zeigler			
	Time/Leave Coordinator	Theresa Graham			
	Benefits Service Center				
	HRIS Specialist	Sharon Soles			

	For HR Office Use:		
	Leave Category		
	Modified Adjusted Service Date		
	Notes:		