

Note: Submit PPAs separately instead of in a batch.



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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>									
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: