HRFORM 1

WESTERN CAROLINA UNIVERSITY
Personnel Action Request
For SPA Appointments, Reinstatements, Promotions, Transfers, Reassignments, etc.

TO: Office of Human Resources Date Submitted: _____
FROM: _____

A. PERSONNEL ACTION REQUESTED (check applicable items)

_____ _____
Employee's Name Social Security Number

(◉) New Appointments (each new hire must have a work plan established within thirty days from date of employment)
(◯) Reinstatement (from leave of absence without pay)
(◯) Temporary Against Permanent Position
(◯) Transfer between campus departments or other N.C. State Agencies
(◯) Demotion
(◯) Reassignment
(◯) Change in budget code, subhead, etc.
(◯) Promotion
(◯) Name Change/Correction (attach copy of Social Security Card)
(◯) Change from part-time to full-time
(◯) Change from full-time to part-time
(◯) Other

B. COMPLETE APPROPRIATE TO ABOVE REQUEST

Effective Date: _____ Position No.: _____
Classification: _____ Salary: _____
Budget Code: _____ Grade: _____
Name of Employee Replaced: _____

C. REMARKS: (attach additional sheets as needed) _____

_____

D. EEO/AAP RECORDS FOR NEW APPOINTMENTS, TRANSFERS, REASSIGNMENTS, AND PROMOTIONS

Name of recommended employee: _____
Reason for this selection: _____

_____

_____

Attach a list of others who were considered/interviewed, dates of interview, and the reasons why they were not recommended for hire.

_____ _____
Administrator's Signature Date Supervisor's Signature Date

Budget Approval	**For OHR Use Only**
_____	Date of Vacancy Notice: _____
Signature Date	Send Copy of Resume: ❒ Yes ❒ No
	Send Copy of Salary Justification: ❒ Yes ❒ No
	RIF Applicants Available: ❒ Yes ❒ No
	OHR Approval: _____
	Date to Processing Unit: _____

Submit Original to: Office of Human Resources
220 HFR Administration Building

Revised: 4/2002