



THE GEORGE  
WASHINGTON  
UNIVERSITY  
WASHINGTON DC

# Personnel Action Form

Complete All Sections Required for Action

<b>RECOMMENDED ACTION - VALUES PER ACTIVITY DENOTED REQUIRED SECTIONS TO BE COMPLETED</b> <input type="checkbox"/> PROMOTION 1, 3, 4, 8 <input type="checkbox"/> JOB TITLE CHANGE 1, 4, 8 <input type="checkbox"/> LEAVE OF ABSENCE 1, 5, 8 <input type="checkbox"/> DEMOTION 1, 3, 4, 8 <input type="checkbox"/> STATUS CHANGE 1, 3, 8 <input type="checkbox"/> RETURN FROM LEAVE 1, 5, 8 <input type="checkbox"/> WAGE ADJUSTMENT 1, 3, 4, 8 <input type="checkbox"/> HOURS CHANGE 1, 3, 8 <input type="checkbox"/> WORKERS COMP. 1, 6, 8 <input type="checkbox"/> DEPARTMENT TRANSFER 1, 2, 7, 8 <input type="checkbox"/> TERMINATION 1, 6, 8 <input type="checkbox"/> RETN WORKERS COMP. 1, 6, 8 <input type="checkbox"/> ASSIGN SECONDARY POSN 1, 3, 8 <input type="checkbox"/> SHIFT CODE 1, 3, 8 <input type="checkbox"/> LOCATION CODE 1, 2, 8						<b>PREPARED BY:</b> _____ <b>DATE PREPARED:</b> _____ <b>PHONE:</b> _____ <b>FAX:</b> _____						
1.	EFFECTIVE DATE:			REMARKS:								
	SUPERVISOR'S NAME AND GWID											
	GWID:									EMPLOYEE STATUS:		
	CURRENT HIRE DATE:									ADJUSTED SERVICE DATE:		
	EMPLOYEE NAME (LAST, FIRST, MI)											
2. BANNER HOME DEPARTMENT CODE			DEPARTMENT OR SPONSORED PROJECT AWARD DESCRIPTION									
3. EMPLOYEE CLASS/DESCRIPTION			HOURS / PAY	FTE	PAY ID	SHIFT	FLSA CODE	FT/PT	CONTRACT TYPE			
4. POSITION NO.			SUFFIX	GRADE	POSITION TITLE			Job Location				
BEGIN DATE		END DATE		WORKING TITLE			JOB CHANGE REASON					
5. LEAVE CODE			LEAVE BEGIN DATE		LAST DAY WORKED		ACTUAL LEAVE RETURN DATE					
6. TERM CODE			LAST DAY WORKED			REHIRE ELIGIBILITY						
7. BANNER INDEX		ACCOUNT NO.			PERCENT				Split Distributions must equal 100%. Changes to job labor distributions not associated to a transfer must be processed by the on-line EPAF.			
		<b>TOTAL</b>										
8.			FINANCIAL MANAGER/DEPARTMENT HEAD PRINT NAME			SIGNATURE			DATE			
			DIRECTOR/DEAN PRINT NAME			SIGNATURE			DATE			
			VICE PRESIDENT PRINT NAME			SIGNATURE			DATE			
9.		HUMAN RESOURCES		INITIALS	DATE	FACULTY PERSONNEL		INITIALS	DATE	BUDGET	INITIALS	DATE
		BENEFITS		INITIALS	DATE	HRIS		INITIALS	DATE	PAYROLL	INITIALS	DATE