

# Speed Business Center PERSONNEL ACTION NOTICE

J.B. Speed School of Engineering  
Vogt Building, Room 203  
Phone: (502) 852-6290  
Fax: (502) 852-1577

Requestor: \_\_\_\_\_

On Payroll Before: Yes                      No

Date:		New		Revised		Term
Employee Name:						
Employee E-mail:						
Employee ID:						
Department:						
Position Number:						
Position Funding Source:						Grant End Date: _____
CBC Funding Source:						
Supervisor's Name :						
Supervisor's Email:						
Dates of Employment:	Start:					*Stop:
Job Title:						
Work Hrs. per week:						
Salary:	Rate: \$ _____		Total Salary Required: \$ _____			
	<input type="checkbox"/>	Hourly	<input type="checkbox"/>	Monthly		

## ADDITIONAL COMMENTS

### CHECKLIST FOR BUSINESS CENTER USE ONLY

Email from Supervisor	<input type="checkbox"/>	Attached	
Chair's Approval	<input type="checkbox"/>	Attached	
CBC Requested	<input type="checkbox"/>	Seq #	<input type="text"/>
CBC Approved	<input type="checkbox"/>	Date	<input type="text"/>
PAR Processed	<input type="checkbox"/>	PAR #	<input type="text"/>
JDC Processed	<input type="checkbox"/>		PAR Completed <input type="checkbox"/>
SMART Form - Bus. Ops.	<input type="checkbox"/>		

**\* STOP DATE = LAST DAY WORKED**

### PAR Request

Funding Source \_\_\_\_\_ Percentage \_\_\_\_\_  
 Funding Source \_\_\_\_\_ Percentage \_\_\_\_\_  
 Funding Source \_\_\_\_\_ Percentage \_\_\_\_\_

### NOTES

### Approvals:

\_\_\_\_\_  
*Business Specialist* Date

\_\_\_\_\_  
*Business Partner* Date

**SUBMIT**