

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: \$ _____						
		Hourly		Monthly			

ADDITIONAL COMMENTS

CHECKLIST FOR BUSINESS CENTER USE ONLY

Email from Supervisor		Attached	
Chair's Approval		Attached	
CBC Requested		Seq #	
CBC Approved		Date	
PAR Processed		PAR #	PAR Completed
JDC Processed			
SMART Form - Bus. Ops.			

*** 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