

DAKOTA COLLEGE AT BOTTINEAU

Personnel Action Change Form

Name: _____

Employee ID: _____

HR Use Only

Position #: _____ Job Code: _____

Indicate **ONLY** data to be changed: _____ Effective Date of Change: _____

	<u>Current Information:</u>	<u>New Information:</u>
Job Code:	_____	_____
Department:	_____	_____
Title:	_____	_____
Reports to:	_____	_____
Term:	_____	_____
FTE/Standard Hours:	_____	_____
Exemption Status:	_____	_____
Compensation Rate:	_____	_____
Benefits:	_____	_____
Other:	_____	_____

CURRENT	Fund	Dept	Program	Project	%
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

NEW	Fund	Dept	Program	Project	%
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

**If proposed salary exceeds budget, identify funding source that will cover the deficit:*

Comments/Explanation: _____

Department Director

Date

Campus Dean

Date

Controller

Date

For Payroll Use

Date received by HR: _____

Date entered into PeopleSoft: _____