Appendix J

Fitchburg State College
CLASSIFIED Employees Personnel Action

Please Type

Employee Name: _____ _____ _____ _____
Last First MI Prefix

Home Address: _____
Street/P.O. Box # City State Zip

DOB: _____ **SS#** _____ **Home Telephone:** ( ) _____

Personnel Action: _____
(Please see reference guide on back for Actions)

AFSCME Unit I _____ Unit II _____Non-Unit Classified (Excluded) _____

Grade _____ Step_____ **Hiring Manager:** _____

Position Title: _____

Department: _____

Effective Date: _____

Ending Date: _____

Full Time _____: 9mos. _____ 10mos. _____ 11mos. _____ 12mos. _____
Other _____
FTE _____

Part Time _____: 9mos. _____ 10mos. _____ 11mos. _____ 12mos. _____
Other _____
FTE _____

❑ **State Funded**

❑ **Trust Funded**

_____
Trust Name

❑ **Grant Funded**

_____
Grant Name

FOAPAL #_____

Appropriation #_____

Fiscal Year_____

Biweekly Salary $_____ **Annual Salary $** _____

I hereby certify that we have complied with all applicable policies of the Board of Higher Education and the applicable collective bargaining agreement.

_____
Hiring Manager Date

_____
Vice President Date

_____
Human Resources Representative Date