



Personnel Action Requisition

College of Business

This form is required for COB HR actions that will impact budget

Personnel Change Purpose:			
General Information		Prepared by:	
Unit:		Employee Name:	
Job Title:		New Existing	
Position Classification:		OSU ID: (if applicable)	
Salary Range/Hourly Rate:		Fund Source(s) and % of FTE:	
Supervisor:		Effective Date:	
Requested Changes			
<p><i>Complete this section for Merit, Equity and Retention increase request:</i> *increase request for more than 10% will require approval from Central HR</p>			
Comp Level Classified IT only	Comp Level Classified IT only		
Current Salary/Hourly Rate	Proposed Salary/Hourly Rate	Percentage Increase	Date of Last Pay Increase
<p><i>Complete this section for FTE changes, reclassification and conversion requests:</i></p>			
Current Position Title/Classification		Requested Position Title/Classification	
Current FTE		Requested FTE	
For all positions please provide a justification for this action request: (limited to 180 characters)			
College/Business Center Use Only			
_____ *Unit Supervisor Signature (Required for all positions)		Date: _____	
_____ Budget Authority Signature (Required for all positions)		Date: _____	
_____ Dean's Signature (Required for all but student positions)		Date: _____	