

**WINSTON-SALEM STATE UNIVERSITY
PERSONNEL/BUDGET ACTION FORM**

INSTRUCTIONS: THIS FORM IS TO BE SUBMITTED BY DIVISIONS AND/OR DEPARTMENTS WHEN REQUESTING THE DESIRED ACTION INDICATED BELOW:

NAME: _____

DATE: _____

BANNER ID: _____

POSITION TITLE: _____

POSITION NUMBER: _____ - _____ - _____ - _____ **DEPT.:** _____

Fund	Organization	Account	Program

TIME SHEET APPROVER (Please Print): _____

CHECK ALL THAT APPLY:

EMPLOYMENT

BUDGET

- | | |
|---|--|
| <input type="checkbox"/> APPOINTMENT
<input type="checkbox"/> CONTRACT ADJUSTMENT
<input type="checkbox"/> SALARY ADJUSTMENT
<input type="checkbox"/> PAYROLL REINSTATEMENT
<input type="checkbox"/> POSITION NUMBER CHANGE
<input type="checkbox"/> OTHER _____ | <input type="checkbox"/> TRANSFER OF FUNDS
<input type="checkbox"/> OTHER |
|---|--|

EFFECTIVE DATE FOR ACTION PLAN: _____

EXPLANATION: _____

RECOMMENDED BY:

SUPERVISOR (Please Print) _____ Phone # _____ DATE _____

ADMIN. ASSIST (Please Print) _____ Phone# _____ DATE _____

DEPARTMENT CHAIRPERSON _____ DATE _____

OTHER _____ DATE _____

DEAN _____ DATE _____

PROVOST _____ DATE _____

BUDGET OFFICER _____ DATE _____

VICE CHANCELLOR FOR FINANCE & ADMINISTRATION _____ DATE _____

APPROVED BY: _____ **DATE** _____

CHANCELLOR/OR DESIGNEE