PERSONNEL ACTION FORM

Submit to Human Resources - hr@lclark.edu - Approvals will be in Workday

EMPLOYEE NAME:											
CHANGES TO EMPLOYEE RECORD Enter only the information that is being adjusted											
EFFECTIVE DATE:		inter only the	ne mjorm	ution	triut	13 DC	ing dajusted				
EMPLOYEE TYPE:											
POSITION ID:			TITLE:								
DEPARTMENT:			11166								
FTE:			WEEKLY	' HOU	RS:						
WORK PERIOD:		L2 months	(if other) Start Da			:e:	End Date:				
PAY SCHEDULE:	\Box 12 months (if other) Sta								End Date:		
PAY RATE:		\$					□per hour				per year
GRADE/STEP (<i>Union</i>):										<u> </u>	Jei yeui
COST CENTER:	1							%			
(ex: 000-0000)	2							%			
EXPLANATION OF CHANGE:											
ACTIVITY PAY / STIPEND											
TOTAL AMOUNT:	\$				COST CENTER (ex: 000-0000)						
WORK START MONTH:	7				1		COST CLIV	ILIN	(cx. 000 0t	%	
WORK END MONTH:					2					%	
PAYMENT START MONTH:						NAENI	T END MONT	·u.		/0	
WORK TYPE:		PAYMENT END MONTH: ☐ Instruction ☐ Administrative									
WORK PERFORMED:		instructio	11 1	A	ווווווו	istiai	live				
WORK PERFORMED:											
EODM COMPLETED BY:					DATE						