

Office of Human Resources

DEPARTMENTAL REQUEST FOR PERSONNEL ACTION FORM (A-21) - REV 9/2020

OHR OFFICE USE ONLY A21 Log # _____

DATE: _____

1. PERSONNEL DATA

2. DEPARTMENT DATA

Employee Name: _____
 Employee Identification Number: _____
 Banner ID Number: V- _____
OHR OFFICE USE ONLY
 Effective Date of Action: _____

Department Name: _____
 Mailing Address: _____
 Contact Name: _____
 Supervisor Name: _____
 Phone Extension: _____

3. TYPE OF ACTION

Select Type of Action and Reason Code from the dropdown

Comments/Additional Information _____

3(a). FACULTY ONLY ACTIONS

Select Type of Action

Comments/Additional Information _____

4. POSITION TYPE (Select from one from the dropdown)

5. PAY

6. ASSIGNMENT STATUS

7(a). SOURCE OF FUNDS

8. OHR OFFICE USE ONLY

BUDGET OFFICE ONLY-Use this Section for Recruitment (Funding for Salary BEFORE Hiring Salary)

Funding Available: \$ _____

Budget Office Approval (Signature Required) _____

Process Date _____

OHR Approval Signature _____

| Position Number: _____ | | | | | | | Proposed New Position Number | |
|------------------------|-----|---------|---------|------------------------|---|---------------------------------|-------------------------------------|---------------------|
| Position Title: _____ | | | | | | | | |
| Fund | Org | Account | Program | Exp. Date Mo. / Yr. | % | Annual Salary or Hourly Rate | PMIS Date/Initial | BANNER Date/Initial |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| TOTAL | | | | | | \$ | | |

| Leave Balances Hours | | | |
|----------------------|------|------|------------|
| Annual | Sick | Comp | Disability |
| | | | |
| | | | |

Cardinal Coding _____

7(b). PROPOSED or NEW POSITION/ACTION

9. BUDGET OFFICE USE ONLY

| New Position Number: _____ | | | | | | |
|----------------------------|-----|---------|---------|------------------------|---|---------------------------------|
| New Position Title: _____ | | | | | | |
| Fund | Org | Account | Program | Exp. Date Mo. / Yr. | % | Annual Salary or Hourly Rate |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL | | | | | | \$ |

Final Budgeted Amount

\$ _____

Budget Office Approval (Signature Required) _____

Cardinal Coding _____

10. DIGITAL/ELECTRONIC SIGNATURES (As Required)

Department Chair/Supervisor/Manager/P.I. _____
 Vice President _____
 Grants and Contracts _____
 Sponsored Research _____

Dean/Director _____
 Title III Director/Coordinator _____
 President (as required or Designee) _____
 Office of Human Resources (OHR) _____