

CUT OFF DATE IS  
15<sup>TH</sup> OF EACH MONTH  
FOR PAYROLL TO BE  
EFFECTIVE THAT PAY  
PERIOD

HUMBOLDT STATE UNIVERSITY  
Arcata, CA 95521-8299

New Document  
Revision of  
Previously  
Submitted  
Document with  
Same Effective  
Date: **Explain**  
**Under Remarks**

**REPORT OF APPOINTMENT  
FOR SUPPORT STAFF**

To: Human Resources & Risk Management

EMPLOYEE NAME (First, Middle, Last) HSU ID OR SSN:  
EFFECTIVE DATE: CMS POSITION #  
DEPARTMENT NAME: CLASSIFICATION: CBID:

ACTUAL SALARY: /Mo. (Full-Time Salary ) Agency Unit Class Serial

Time Base: (Fraction): Intermittent Hourly Dept. Code: School Code

Pay Plan: 12 month 10 month 10-12 month 11-12 month AY Indicate Months Off:

Has this employee been employed by Humboldt State previously? Yes No \*Will this employee supervise others?  
Yes No

Account Code:

Will employee remain in this position? Yes No Replacing:

CMS Chart Field String:

Acct:	Fund:	Dept:	Program	Class:	Project:
-------	-------	-------	---------	--------	----------

Remarks:

Check all items that apply:

- A. Permanent (A50) Affirmative Action Summary of Job Search (Form 5) approved: (Date)
- B. Probationary (A50)
- C. Temporary Anticipated Expiration Date of Temporary Appointment: (A52, A54, A56)
- A56)
- D. Reinstatement from leave of absence without pay or partial leave without pay. (A58, A59)
- E. Transfer from another department
- F. Continuing in another position on HSU campus.
- G. Promotion Temporary Permanent (A64)
- H. Management Personnel Plan Appointment – Job Code:
- I. Reassignment (A60)
- J. Reclassification (A63)

ROUTING AND APPROVAL: To the best of my knowledge, the above is accurate and complete.

- (1) Department Chair/Supervisor Date:
- (2) Dean/Chief Administrator Date:
- (3) Human Resources Director Date:
- (4) Vice President or Designee Date:

Prob. Code [ ]  
**ROUTING:** Original: Payroll Copies: Human Resources, Dean/Chief Administrator, Supervisor, Employee, Vice President/Designee

(5) Budget: \_\_\_\_\_