

CUT OFF DATE IS
15TH 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#:

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:
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Remarks:

Check all items that apply:

A. Permanent (A50)

Affirmative Action Summary of Job Search (Form 5) approved:

B. Probationary (A50)

(Date)

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: _____