



Oregon State
University

Personnel Action Requisition

This form is required for COB HR actions

| Personnel Change Purpose: | | | | | | | |
|---|---------------|---|---|------------------|---------------|-----------------|--------------|
| General Information | | | | | | | |
| Unit: | | Position Location: | <table border="0"> <tr> <td>Corvallis</td> <td>Bend</td> </tr> <tr> <td>Portland</td> <td>Other</td> </tr> </table> | Corvallis | Bend | Portland | Other |
| Corvallis | Bend | | | | | | |
| Portland | Other | | | | | | |
| Job Title: | | <table border="0"> <tr> <td>New</td> <td>Existing</td> </tr> </table> | New | Existing | OSU ID: | | |
| New | Existing | | | | | | |
| Position Classification: | | Fund Source(s) : | <table border="0"> <tr> <td>Index(es)</td> <td>Activity Code</td> <td>% of FTE</td> </tr> </table> | Index(es) | Activity Code | % of FTE | |
| Index(es) | Activity Code | | % of FTE | | | | |
| Salary Range Rate: | | | | | | | |
| Supervisor: | | Effective Date: | | | | | |
| Requested Changes | | | | | | | |
| For all positions please provide a justification for this action request: (limited to 180 characters) | | | | | | | |
| Additional Resources/Supplies that could impact the budget: | | | | | | | |
| Types: | Description | Estimated Cost | | | | | |
| Computer(not Standard) | | | | | | | |
| Software | | | | | | | |
| Office Equipment | | | | | | | |
| Communication Allowance | | | | | | | |
| Relocation | | | | | | | |
| Other: List | | | | | | | |
| College/Business Center Use Only | | | | | | | |
| _____ *Unit Supervisor Signature (Required for all positions) | | Date: _____ | | | | | |
| _____ Budget Authority Signature (Required for all positions) | | Date: _____ | | | | | |
| _____ Dean's Signature (Required for all positions) | | Date: _____ | | | | | |