

EMPLOYMENT ACTION FORM & ORGANIZATIONAL RESTRUCTURING for non-faculty positions

I: VACANCY / PERSONNEL ACTION *(Hiring Manager/Supervisor to complete with Division VP support)*

Request for: (Check all boxes applicable to the request)

(* Requires a current job description attachment. Position Description Template (available [online](#)), highlight any new or revised duties

- New Position (*)
- Replace Existing Position (*)
- Reclassification - Permanent (*)
- Temporary Working Out of Class Assignment (*)
- Temporary Continuation / Extension
- Appointment Permanent Interim Change in Terms Only
- Org Unit Reporting Structure Change: From To
- Position Reorganization/Dept Transfer (*) From Fund Center Name & # To FC Name & #
- Supervisor Change: From To
- Funding Source Change: From FC Name & # To FC Name & #

Other:

Name of Current Employee or Replacement For:

Existing Position Current Working Title:

Justification or additional information:

Anticipated Effective/Start Date

Anticipated End Date (if applicable)

Permanent	Full-time 37.5 hours per week	Part-time 18.75 hours per week	12 months
Temporary	Full-time 40 hours per week (Only for select POA, SPFPA, AFSCME, OPEIU positions)	Part-time hours per week	10 months
		Part-time Other / FTE%	9 months
		As needed/varies	Other
		Not to exceed hours	

Schedule (e.g.: Monday – Friday):

Shift Start time:

Shift End Time:

Division:

Department:

Master Cost Center Name:

Number:

Expensed Fund Center (if different from the Master Cost Center):

Is the Master Cost Center or Expensed Fund Center associated with a grant? No Yes

Cost Distribution: Will the position be expensed to multiple fund centers? No Yes If yes, complete cost distribution split below:

Fund Center Name/#: %		Fund Center Name/#: %
Fund Center Name/#: %		Fund Center Name/#: %

(Contact Budget at 570-662-4174 with questions specific to cost centers and fund centers)

Requested by Signature:

Date:

Upon completion of Section I, Requestor forwards to Classification Manager careers@bloomu.edu for next steps

II: CLASSIFICATION AND BUDGET REVIEW *(Completed by Human Resources & Budget)*

Current Classification/Working Title /

Approved Classification/Working Title /

Approved Job Code: SCUPA Exempt SCUPA Non-Exempt

Reclassification Effective Date:

HR Classification Review Signature: Date:

Current Budget:	Estimated Salary & Benefits:	Increase/Decrease:	Min/Max (Non-Representatives & Coaches) (2nd Quartile for non-represented only)
Salary:	Salary:	Amount:	Min:
Benefits:	Benefits:	Percent:	Max:

SAP Position # (completed by Budget):

Budget Notes:

Upon completion of Section II, Budget forwards to Vice President and CC group

Approval granted by VP Signature:

Date:

Approval granted by President (or designee) Signature:

Date:

Upon approval/signature, Exec. Assoc. in the President's Office forwards to Vice President, Budget, Classification & Employment Services

III: RECOMMENDED CANDIDATE

To be completed by the Hiring Manager/Supervisor for New and Replacement positions only, after the request has been approved above.

Job #

Recommended Candidate Name:

Address:

Email Address:

Phone Number:

Special Information:

Supervisor/Hiring Manager Signature:

(BU and MU Only) Date:

Upon completion of Section III, Hiring Manager/Supervisor forwards to Employment Services at careers@bloomu.edu

IV: ADMINISTRATIVE APPROVAL

HR Employment Services Review Signature:

(BU and MU Only) Date:

Bargaining Unit: AFSCME Coach (APSCUF NonFaculty) Non-Represented OPEIU POA SCUPA (SUA/GFPC) SPFPA
Athletic Administration

Approved Pay Group and Step (if applicable to position):

Salary: Annual Bi-weekly Hourly (if appropriate)

Salary justification (if different from proposed salary):

Special conditions to note in the appointment or other letter:

To be forwarded by Employment Services to appropriate Vice President

Vice President Signature:

(BU and MU Only) Date:

To be forwarded by Vice President to Employment Services at careers@bloomu.edu

V. TO BE COMPLETED BY HUMAN RESOURCES

Clearances: Background Check Completed OR Provisional Approval Granted Date:

Employee Actual Effective/Start Date (for New, Replacement and Continuation/Extension positions):

Employee Actual End Date (for temporary positions if applicable):

Probationary Period:

Action Type:

EE Subgroup:

Action Reason:

Notes:

Personnel Number/CARS Code/Colleague Code