

# REQUEST FOR PERSONNEL ACTION (RPA)

## STAFF and MANAGEMENT POSITIONS

 **MPP**
 **STAFF**
 **SPECIAL CONSULTANT**     **CASUAL WORKER**      
 (Requires Special Consultant or Casual Worker Agreement Form)

**No commitment to hire can be made until the hiring process is complete and the AA Officer/HR Director has approved the appointment**

**REQUIRED FOR ALL POSITIONS:**     Position Description and Department Organizational Chart

Department Name:	Proposed Start Date:
Number of Openings:	Proposed End Date:
Classification:	Proposed Incumbent(s): _____

**TYPE OF ACTION REQUESTED (Check one)**

- New Position
- Fill Vacant Position    Former Incumbent \_\_\_\_\_    Date Vacated \_\_\_\_\_
- Reclassify Position    From: \_\_\_\_\_    To: \_\_\_\_\_
- Extension of Appointment    From: \_\_\_\_\_    To: \_\_\_\_\_
- Increase in Time Base:    From: \_\_\_\_\_    To: \_\_\_\_\_
- Decrease in Time Base:    From: \_\_\_\_\_    To: \_\_\_\_\_
- Increase in Pay:    Type: \_\_\_\_\_ Percentage: \_\_\_\_\_ OR Amount: \$ \_\_\_\_\_ per (month) (hour)
- Other (explain): \_\_\_\_\_

**TYPE OF APPOINTMENT (Check all that are appropriate):**

- Probationary/Permanent                       Temporary    End Date: \_\_\_\_\_                       Renewable ("Annual")
- Full-time     Part-time    Hrs. per day: \_\_\_\_\_    Days per week: \_\_\_\_\_
- 12/12 position                       11/12 position                       10/12 position                       8/12 position
- Cruise

**Administrative / Fiscal Approvals**

_____ Manager	_____ Date	_____ Budget Officer (for all new positions and grants)	_____ Date
_____ Vice President	_____ Date	_____ President (for all probationary/permanent Positions)	_____ Date

**Human Resources Use Only**

Requisition # _____	Job Bulletin Number _____	Job Code _____	Range Code _____	Position # _____	BU _____
Hire Date _____	Salary _____	Benefits: Yes/No	PERS: YES/NO	PST: YES/NO	
Date Keyed Into People Soft _____	Date Sent To Payroll _____				
HR ANALYST _____	Signature _____	Date _____	HR DIRECTOR _____	Signature _____	Date _____