 **Staff/MPP Personnel Action Request**

**HR 101 FORM**

See [HR 101 Guidelines](https://afd.calpoly.edu/hr/docs/hrforms/HR101Guidelines%20201507.pdf) for assistance

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| **PART I: EMPLOYEE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee’s Name (Last, First, MI): | | | | | | | | | | | | | | | | | | Employee ID: | | | | | | | | | | Recruitment # (if applicable): | | | | | | | | | | |
| **PART II: ACTION REQUESTED** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Actions involving **Additional/Concurrent Assignment** (Cal Poly Auxiliary or other CSU Employee) **use** [HR 101-S](http://afd.calpoly.edu/hr/docs/hrforms/HR101-S%20protected.docx) Form;  **Rehired Annuitant Appointment** **use** [HR 101-R](https://afd.calpoly.edu/hr/docs/hrforms/HR101-R%20Protected.docx) Form; **Position Pool ID Change Only** **use** Position Funding Form\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **COMPLETE POSITION FUNDING FORM\* FOR ACTIONS BELOW:**  <https://afd.calpoly.edu/business_connection/documents/position_funding_form.docx> \*(Submit to Budget and Analytic Business Services Dept.)  **Appointment – No Ending Date -** following a recruitment  **Temporary Appointment – with Ending Date** - following a recruitment  **Note: CSUEU Hourly/Intermittent positions cannot exceed 1000 hrs**  **\*\*Is position expected to work 130 hours/month? YES  NO**  **Position is funded by non-reoccurring grants or contracts**  **Emergency Appointment** - 60 day (Unit 4)/90 day (Units 1, 2, 5, 6, 7, 9)  **Note: CSUEU Hourly/Intermittent positions cannot exceed 1000 hrs**  **\*\*Is position expected to work 130 hours/month? YES  NO**  **Promotion –** following a recruitment  **Credit temporary reassignment service to probationary period**  **Reassignment**  **Demotion**  **Deptid Change** (requires Head of Department signature only (below)) | | | | | | | | | | | | | | | | | | **POSITION FUNDING FORM NOT REQUIRED FOR ACTIONS BELOW:**  **Change from Temporary to Probationary/Permanent**  **Credit temporary service to probationary period**  **Early Reinstatement from Full/Partial Leave**  **Reclassification – Status:  Permanent  Probationary**  **Salary Rate Change** (e.g. IRP)  **Time Base Change – Status:  Permanent  Temporary**  Use [HR190](https://afd.calpoly.edu/hr/docs/hrforms/HR190.docx) for employee requested time base reduction/partial leave without pay  **Title Change - MPP only**  **Reports To Change** (requires Head of Department signature only (below))  **Unit Change** (requires Head of Department signature only (below))  **Other** (e.g., Bonus, Stipend) **–** describe in “Explanation of Action” below  **Account Chartfield:**  **Pay Plan Change** (e.g. 10/12, 11/12, 12/12)   |  |  |  |  | | --- | --- | --- | --- | | Pay Plan |  |  |  | | Eff Date |  |  |  | | Base Rate | **$** | **$** | **$** | | | | | | | | | | | | | | | | | | | | | |
| **PART III: COMPLETE FOR ALL ACTIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Action Effective Date | | | | | Ending Date (if temp) | | | | | | | | Supervisor | | | | | | Manager | | | | | | | Reports To (Absence Approver) | | | | | | | | | Reports To Position # | | | |
| Explanation of Action: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART IV: POSITION/ASSIGNMENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FROM** | | **Current Assignment**  (Complete for Current Employee) | | | | | | | | | | | | | | | | | | | **TO** | **Proposed Assignment**  (Complete only block(s) that differ from Current Assignment) | | | | | | | | | | | | | | | | |
| Position #: | | | | | Pos Pool ID: | | | | | | | Unit (Paychk Delivery): | | | | | | | | | Position #: | | | Pos Pool ID: | | | | | | | | | Unit (Paychk Delivery): | | | | | |
| College/Division | | | | | | | | Working Title (MPP only) | | | | | | | | | | | | | College/Division | | | | | | | | | Working Title (if applicable; MPP only) | | | | | | | | |
| Department | | | | | | | | | | | | Department ID (######) | | | | | | | | | Department | | | | | | | | | | | | | Department ID (######) | | | | |
| Job Classification (CSU Title) | | | | | | | | | | | | Job Code (####) | | | | | | | | | Job Classification (CSU Title) | | | | | | | | | | | | | Job Code (####) | | | | |
| Grade/Range (CSU Skill Level) – if applicable | | | | | | | | | | | | Grade/Range Code (#) | | | | | | | | | Grade/Range (CSU Skill Level) - if applicable | | | | | | | | | | | | | Grade/Range Code (#) | | | | |
| FTE/Time Base - 0.0 to 1.0 | | | | | | Month(s) Off (for 10/12 & 11/12 Pay Plans) | | | | | | | | | | | | | | | FTE/Time Base - 0.0 to 1.0 | | | | | | | | Month(s) Off (for 10/12 & 11/12 Pay Plans) | | | | | | | | | |
| FT Monthly Salary Rate  $ | | | | | | Actual Salary Rate (if PT or hourly)  $  per  Month  Hour | | | | | | | | | | | | | | | FT Monthly Salary Rate  $ | | | | | | | | Actual Salary Rate (if PT or hourly)  $  per  Month  Hour | | | | | | | | | |
| **Recruitment Actions Only – Approved Salary Range: From:** **$       To: $** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Drug Testing** | | | | **CSU Vacation Transfer**  (Employee Data Transfer [612 Form](http://afd.calpoly.edu/payroll/forms/612.pdf))  **# Hours:** | | | | | | | | | | | **Recruitment Bonus: $**  (MPP must be from non-general funds)  **Account Chartfield:** | | | | | | | | | | | | **MPP Supplemental Compensation**  (requires prior CO approval via campus HR)  **Account Chartfield:** | | | | | | | | | | | |
| **Fingerprinting** | | | | **License(s)/Certificate(s)**  (if checked, submit copy with HR101) | | | | | | | | | | | **Reimbursed Moving Expenses:** Maximum amount authorized:  **$** | | | | | | | | | | | | **Car:**  **$** | | | | **Housing:** **$**  **# Months:** | | | | | | **Other:**  **$** | |
| **SIGNATURES/APPROVALS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **HR101 Completed by** | | | | | | | | | | **Name** | | | | | | | | | | | | | | | | | | | **Ext: 6-** | | | | | | | | |  |
| **Budget Specialist**  (Certified sufficient funds are available) | | | | | | | | | | **Name** | | | | | | |  | | | | | | | | | | | | **Signature** | | | | | | | | | **Date** |
| **Head of Department**  (Director, Dept Head/Chair) | | | | | | | | | | **Name** | | | | | | | **Title** | | | | | | | | | | | | **Signature** | | | | | | | | | **Date** |
| **Dean/Division Head** | | | | | | | | | | **Name** | | | | | | | **Title** | | | | | | | | | | | | **Signature** | | | | | | | | | **Date** |
| **Provost**  (Academic Affairs depts only) | | | | | | | | | | **Name** | | | | | | | **Title** | | | | | | | | | | | | **Signature** | | | | | | | | | **Date** |
| **HUMAN RESOURCES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Human Resources** | | | | | | | | | **Comments: Signature Date** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOJ Cleared | FBI Cleared | | Prob Per  1y 2y N | | | | Prob Ends | | | | Perm Elig | | | Red Circle | | MPP Job Code  \_\_ - \_\_\_\_ - \_\_ | | | | MPP Supp Comp Appr | | | Degree Confirmed | | ACA 130 hr/mo  email to Benefits | | | | | | | Bonus Earn ID print for Payroll | | | | Doc by/Date | | |

**\*\*Assessment required at time of appointment. Failure to act may result in Affordable Care Act penalty of up to $5,000 per employee.**