




Human Resources Action Form (HRAF)

HRAF User's Guide

Date Initiated: _____

Section 1 Demographic Information

Department: _____ Division: _____

Banner Number:  _____ Employee's Gender: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ Telephone #: _____

City: _____ State: _____ Zip Code: _____

Highest Degree Earned:  _____ Year Obtained: _____

Section 2 Assignment Details

Employment Status: New Existing

Employment Category: _____ Action Type: _____

Effective Date: _____ End Date: _____ Position Number: _____

Payroll (State) Job Title: _____ Functional (University) Title: _____

Salary Range: _____ Step: _____ Annual Salary or Hourly Rate of Pay: \$ _____ Appointment Percentage: _____ %

FOAP: _____
Fund Organization Account Program

Comments: _____

If title change, complete the following information:

Former Payroll Title: _____ Former Functional Title: _____

Section 3 Leave of Absence (Complete Section 1, 2 & 3)

Type of Leave: _____ Percentage of Leave Time: _____ %

Start Date: _____ End Date: _____ Semester: _____ Academic Year: _____

Section 4 Separation (Complete Section 1, 2 & 4)

Separation Type: _____ Separation Date: _____

Comments: _____

Section 5 Approval Signatures

Supervisor/Director/Dean: _____ Date: _____

Associate Provost: _____ Date: _____

Div VP/Provost/University President: _____ Date: _____

Human Resources: _____ Date: _____

Budget Office: _____ Date: _____

VP Administration and Finance: _____ Date: _____