



STOCKTON UNIVERSITY
OTHER PERSONNEL ACTIONS SUMMARY
MANAGERS AND STAFF

Date _____

Division _____

Employee _____

Effective Date _____

REQUESTED ACTION:

- Title Change
- Structural Reclassification*
(Justification Required)
- Transfer/Reassignment
Status Change
- Performance-Based Promotion*
- Salary Adjustment*

Preauthorization Requested

Position #	_____
Funding Source	_____
Needed \$ Amount	_____
Available \$ Amount	_____

* Complete the above section

Current

Position # _____ Range, Step/Band _____ Salary _____

Local Title _____

Generic/State Title _____ () 10 Month () 12 Month

Proposed

Position # _____ Range, Step/Band _____ Salary _____

Local Title _____

Generic/State Title _____ () 10 Month () 12 Month

Justification _____

Dean/Director's Recommendation

 Dean/Director's Signature/Date

VP/Provost's Recommendation

 VP/Provost's Signature/Date

Human Resources' Recommendation

 Human Resources' Signature/Date

PRESIDENT'S RECOMMENDATION TO THE BOARD OF TRUSTEES

_____ Recommended to the Board of Trustees for Approval

_____ Not Recommended to the Board of Trustees for Approval

 President's Signature/Date

BOARD OF TRUSTEES MEETING DATE: _____