

DAKOTA COLLEGE AT BOTTINEAU

Personnel Action Change Form

Name: _____

Employee ID: _____

Effective Date of Change: _____

HR Use Only

Position #: _____ Job Code: _____

Indicate **ONLY** data to be changed:

	<u>Current Information:</u>	<u>New Information:</u>
Department:	_____	_____
Term:	_____	_____
FTE:	_____	_____
Degree:	_____	_____
Compensation Rate:	_____	_____
Benefits:	_____	_____
Other:	_____	_____

CURRENT	Fund	Dept	Program	Project	%

NEW	Fund	Dept	Program	Project	%

**If proposed salary exceeds budget, identify funding source that will cover the deficit:*

Comments/Explanation: _____

Department Director	Date
Campus Dean	Date
Director of Business Affairs	Date
Payroll	Date

For Payroll Use

Date received by Payroll: _____

Date entered into PeopleSoft: _____