



IDAHO STATE UNIVERSITY

Personnel Recommendation

Prepared by: _____ Extension: _____

E-mail: _____ Prepared Date: _____

Employee Name: _____ Banner ID or Bengal/ISU ID: _____
(AS APPEARS ON SOCIAL SECURITY CARD)

Campus Work Location: _____ City Work Location: _____ State Work Location: _____

Home Address: _____

Forwarding Address (for resignation): _____

- Action: New Appointment: Replaces (name): _____ Re-Appointment
Leave without Pay Other (specify): _____
Resignation Dismissal Retirement End of Contract/Appointment - Last Day Worked: _____
Date
- Type of Employee: Classified Faculty Non-Tenure Track Faculty Tenure Track Non-Classified Other (see remarks)
- Appointment Type (Check One): Regular Appointment Temporary Benefitted Appointment _____
End Date if Temporary

COMPLETE ALL APPLICABLE AREAS	CURRENT APPOINTMENT			PROPOSED NEW APPOINTMENT ACTION			
Department and Org. Code							
Title							
Action Date, Position Number and FTE (annualized % time worked)	Effective End Date	PCN	FTE	Effective Begin Date	PCN	FTE	
Contract Dates (Faculty & Non-classified)	From:	To:		From:	To:		
Pay Period Begin/End Dates	From:	To:		From:	To:		
Pay Check Begin/End Dates	From:	To:		From:	To:		
Appointment Months per Year	12 month	9 month	Other ___ mo ___ wk	12 month	9 month	Other ___ mo/ ___ wk	
Salary Information	Annual Base	Bi-weekly	Hourly Rate	Annual Base	Bi-weekly	Hourly rate	
Time Approver and/or T-Org							
Budget to be charged	Index Number(s)	Amount	Percent	Index Number(s)	Amount	Percent	PI initial

Remarks on conditions of employment:

AUTHORIZING SIGNATURES

(New employees must complete Form I-9 on or before their first day of work)

DEPARTMENT CHAIR _____ Date _____

UNIVERSITY BUSINESS OFFICER _____ Date _____

DEAN OR DIRECTOR _____ Date _____

SIGNATURE AUTHORITY _____ Date _____

For Human Resource and Finance Offices Use Only

Position Control Number: _____ Employee Class Code: _____ IPAS No. _____ Register Number: _____
Classification Number: _____ Change Reason Code: _____ Pay Grade: _____

HUMAN RESOURCES _____ BUDGET _____ GRANTS _____ CONTRACT _____ PAYROLL _____ FILE DATE _____