

**University of Wisconsin – Superior**  
**PERSONNEL ACTION FORM**

Name of Employee: \_\_\_\_\_ SSN: \_\_\_\_\_

Department: \_\_\_\_\_

**Change in Account and/or Percent of Appointment (when applicable):**

*Current Status:*

*New Status:*

Account (s)	Percent	Account (s)	Percent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Effective Date: \_\_\_\_\_

**Salary Adjustment (when applicable):**

Current Salary: \_\_\_\_\_ Amount of Adjustment: \_\_\_\_\_

New Salary: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**Reason for Appointment Change or Salary Adjustment:** \_\_\_\_\_

\_\_\_\_\_

**Approval:**

Acct Custodian/Unit Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Department Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Affirmative Action Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Budget Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Cabinet Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Director \_\_\_\_\_ Date: \_\_\_\_\_

Cc: Budget  
Employee  
Payroll  
Personnel  
Unit Supervisor  
Dept Supervisor