

Employee Transaction Form Procedures

An [Employee Transaction Form](#) is required from departments to initiate the following:

- 1) a recruitment to fill a position;
- 2) an appointment to fill a temporary position;
- 3) an extension of a temporary appointment.

For all other changes in employee status an approved memo is required. Departments should send the written request to Employment Services via the appropriate administrator for signature. These instances would include actions such as requesting a compensation review or changing the assignment of an employee. An example of such a memo is attached for reference. An Employee Transaction Form does not have to be attached to such a memo.

Should there be any questions, please contact Employment Services at 278-2032.

Sample

MEMORANDUM

DATE: 5/6/00

TO: Employment and Recruitment

Via Appropriate Vice President or designee

FROM: JT Doe, Dean / or Director

SUBJECT: Status Change of Employee

The purpose of this memorandum is to request that Biz E. Worker be changed from his current half-time temporary position to a full-time temporary ASA I position in the Department of Virtual Reality effective 9/1/00. This position was filled by recruitment for an eight month assignment on a monthly basis. This position will be funded by account 1-11480.

Thank you for considering this request. If approved, this memo should be forwarded to Employment and Recruitment. If you have any questions, please call me at extension 8 ____.

Approved: (Include all required approvals.)

_____ Dr. Horace Greeley

Date: _____

If approved, send to ERCC, M/S JA71

Instructions For Completing Employee Transaction Form

The upper portion of the Employee Transaction Form (ETF) should be completed by the requesting department and should be sent to Employment and Recruitment via the appropriate vice-president or designee and the University Budget Office. The information listed below must be completed.

Information required on the Employee Transaction Form (see attached sample):

Line.	Form states:	Please provide..
	In upper right hand corner, write the PeopleSoft position number. Contact the Human Resources Manager in Employment and Recruitment to obtain this number.	
	From: Department Date	Name of department requesting position Date department initiates action
1	Job Title Position Fraction Hours per week	Official classification and range level of position (working title may also be included) State as appropriate: full-time; specific fraction/percent if part-time; or hourly/intermittent Leave blank
2	Funding Change of	Fill in appropriate account numbers
3	Extension of Position Number	If extending an employee, enter employee's name Leave blank (position number is assigned by University Budget Office)
4	Replacement of Position Control Approval Reason	If requesting a replacement, enter name of previous incumbent attach copy of resignation letter or explanation of vacancy Leave blank If replacing an incumbent, check appropriate box
5	Date Needed Length of Assignment	Requested start date for person appointed State "permanent" or specific ending date if temporary Check appropriate pay plan box
6	Source of funds	Fill in appropriate Fund/Ord ID/Subclass/Acct numbers
7	Contact Requested by Approved by (first) Approved by (second)	Identify interviewer, alternate if any, and telephone number(s). It is essential that the name and telephone number of a contact person in the department be identified Signature of department head of requesting department Signature of dean or director if appropriate Signature of appropriate vice president or designee

When the Employee Transaction Form is the authorization for filling a position through a search or an appointment, processing can be expedited if position descriptions and/or draft position announcements are submitted in an IBM Word file.

California State University, Fresno
Employee Transaction Form

PeopleSoft Pos. #
PeopleSoft Req. #

FROM: DEPARTMENT _____ Date: _____
1. Classification _____ Position Fraction _____ Hours Per Week _____ [] New Position [] Existing Position
2. Funding Change of (Fund/Org/Subclass/Account): (From) _____ (To) _____
3. Extension of: _____ Position No. _____
4. Replacement of: _____ Position Control Approval _____
Reason: [] Resigned [] Transferred / Promoted [] Retired [] Leave of Absence [] Terminated
5. Date Needed _____ Length of Assignment _____ [] 10/12 P.P. [] 11/12 P.P. [] 12 Mo.
6. Source of Funds (Fund/Org/Subclass/Account): (1) _____ (2) _____
7. Contact _____ Ext. # _____ Alternate _____ Ext. # _____
Requested by: Print Name _____ Signature _____ Date: _____
Approved by: Print Name _____ Signature _____ Date: _____
Approved by: Print Name _____ Signature _____ Date: _____

REQUESTOR: DO NOT WRITE BELOW THIS LINE

Employee Name _____ /SSN: _____ PS ID # _____
Classification _____ /Unit _____
Department _____ Work Location _____
A. NEW EMPLOYMENT
Effective Date _____ Step _____ Range _____ Position # _____
[] Permanent [] 10/12 Pay Plan [] 11/12 Pay Plan [] 12 Month
[] Temporary Termination Date _____ Salary \$ _____ /month
[] Full-Time [] Part-Time/Fraction _____ Salary \$ _____ /hour
SSI (MM/DD/YY) _____ MPP Job Code _____ Based on: _____ /month
Probationary Period: Code _____ Ending Date (MM/DD/YY) _____ Ethnic Code _____
Degree Information: Level _____ Date (YY) _____
License Req'd / # _____
B. SEPARATION
[] RESIGNATION Reason for Separation: PIMS Code _____ [] OTHER _____
Effective Date _____ (Time) _____
[] Pay credits in lump sum [] Employee funding over credits [] Other _____
C. [] REASSIGNMENT: DT Code _____ [] PROMOTION [] IN-CLASS PROGRESSION [] RECLASS
[] Permanent [] Temporary _____ /month
New Department _____ Classification _____ /Unit _____ SSI (MM/YY) _____
Effective Date _____ Termination Date _____ Time Base _____ MPP Job Code _____
Probationary Period: Code _____ License Req'd / # _____
Old Position # _____ New Position # _____
D. [] PARTIAL LEAVE OF ABSENCE
Effective Date _____ PLOA Termination Date _____ [] RETURN FROM LEAVE OF ABSENCE: Full/Partial
IWOP _____ Work Status _____ Salary \$ _____ Payroll Return Date _____ Position Fraction _____
[] FULL LEAVE OF ABSENCE for _____ months
Effective Date _____ Last Day Worked _____ Revised SSI (MM/YY) _____
Type: [] Military [] Maternity _____ Revised Probationary Period Code _____
[] Medical [] Other _____ Salary \$ _____
E. [] Funding Change (1) From _____ To _____
Effective Date _____ (2) From _____ To _____
F. [] OTHER Effective Date _____ Position # _____
Budget Officer _____ Date: _____
HR Manager _____ Date: _____
Approved by: _____ Date: _____ Transaction / Date Processed / Initials _____ Rev. 8/99

SAMPLE - Please contact ERCC at 82032 for an original. (This form is issued on NCR paper and cannot be included in this manual).

**Employee/Academic Transaction Form
Authorized Signatures**

Changes to payroll data must be documented on Employee Transaction Forms (ETFs) or Academic Transaction Forms (ATFs) and must be approved by authorized officials outside the payroll office. Human Resources and Academic Personnel will supply a current list of authorized individuals, with their signatures to the payroll office. Payroll will use this list to validate that an authorized individual has approved the transaction before processing. Payroll must be notified of **any** changes to the list of authorized individuals.