

**MSU College of Nursing
Personnel Action Request Form**

Today's Date: _____

PART 1: This form should be completed prior to recruiting/filling a position. Completed forms for research positions should be submitted to a NRC Research Administrator, all other positions should be submitted to the CON HR Administrator. A form is required for each person working with you, regardless of whether they are receiving pay e.g. professorial assistant, volunteer.

New employees (paid) may not start working until after HR approval.

NOTE: A separate form is required per position per individual, e.g. if two individuals are sharing a position each individual will need to complete form.

Reason for Request: Add/Change Account New Hire Change Employment Group
 Add Additional Assignment Pay Rate Change

Employment Group: MSU Staff Student On-Call Volunteer* Professorial Assistant*
 Temp Staff – if Yes, check one: <30 Hours ≥30 Hours for 90 days or more

*Does not go to HR.

Position Information:

Desired Start Date: _____ Anticipated Wage: _____ Account Number(s)/Subaccount : _____

Position Title: _____ Supervisor: _____

Position Description Changed? Yes No Position Description Attached? Yes No
(if yes, include as attachment)

Work Location: On Campus Off Campus If off-campus, County: _____

FOR RATE CHANGES ONLY:		
<input type="radio"/> Current Wage: _____	Requested Wage: _____	Effective Date: ____/____/____
<input type="radio"/> Current Level: _____	Requested Level: _____	Effective Date: ____/____/____
Reason for change of wage and/or level: _____		

Compliance Information: (research positions only)		
Will have access to:	Yes	No
Human Subjects?		
Subjects enrolled from "covered entity" or their data? If yes, access to identifiable data?		
Bloodborne Pathogens?		
Lab?		

Notes: 1) "Covered entity" – A health care provider, health plan, or health care clearinghouse.
 2) Training certificates must be submitted to a NRC Research Administrator to document completion of required training within 1 week of start date.

To Be Completed By NRC Staff:
Training Date

Other:			
Will require access to:	Yes	No	
HIT share drive?			
If yes, share drive name?			
Personal email address?			
Bott Secure File Room? (Request only for heavy users and/or higher level staff)	<i>(circle one or both)</i>		C216 or C316
Building After Hours?			

To Be Completed By NRC Staff:
Requested Date

Associate Dean Signature _____ **Date:** _____

PART 2 – To be completed by CON HR Administrator once new hire paperwork is submitted to MSU HR. (For research positions, return completed form, a signed position description, and hiring packet face page to a NRC Research Administrator.)

Staff Information	Date Submitted in EBS: _____	EBS Start Date: _____
Last Name: _____	First Name: _____	PID: _____
Automatic Salary/Wage Increases: <input type="radio"/> MSU CT Support Staff – April 1 st <input type="radio"/> MSU AP/APSA Support Staff – October 1 st <input type="radio"/> MSU GA/TA – August 16 th <input type="radio"/> MSU Students – mid August Review of salary/wage or level increase may require additional approvals from CON HR Administrator, CON Budget Officer, CON Dean and/or MSU HR.		