



STAFF & MANAGEMENT

JOB ACTION FORM

Instructions: Use this form for Staff and Management miscellaneous job actions as listed below.

- 1) Complete all indicated items in Section I and include any required attachments.
- 2) Obtain signatures as indicated in Section II
- 3) Use AdobeSign for signatures and include your Human Resources (HR) Generalist. Copy the Budget Office.

Completed forms must be received in Human Resources a MINIMUM of 5 work days before the effective date of the job action requested and 10 work days for new hires.

Effective dates are subject to Human Resources approval and may be adjusted.

SECTION I - TO BE COMPLETED BY DEPARTMENT SUPERVISOR

TYPE OF ACTION REQUESTED [complete numbered items below as indicated in brackets]:

☐ **CSUMB Emergency Temp*** [2-18] ☐ **Casual Worker Hire*** [2-18] *Attach an [Employee Data Sheet](#).*

NOTE: *Need more information on the process? If so, visit [Emergency Appointments](#).

☐ **Extension of Temporary Appointment** [1-18]

NOTE: For continuous employment, this completed JAF **MUST be received in Human Resources a minimum of 5 work days** before the end date of the current appointment. Failure to do so will result in a break in service and loss of log-in access.

☐ **Additional Employment:** [1-18] *Attach [Additional Employment Pre-Approval Form](#) and [Work Schedule Forms](#) for ALL assignments.*

Primary position is: ☐ Exempt ☐ Non-exempt. Full-time non-exempt employees are excluded from additional employment.

☐ **Change in MPP Supervisor (Appropriate Administrator)** [1-5, 7-10, 14-18]

☐ **Time Base change:** [1-5, 7-18] - *Attach a [Work Schedule Form](#) reflecting the new schedule.*

☐ **Other** (specify):

1. Employee ID:		2. Employee Name:		3. Position Number: If new position number needed, check box below. <input type="checkbox"/> New position number requested	
4. Working Title:			5. Classification Title and Range:		6. Hourly or Monthly Rate:
7. Department ID:			8. Department Name:		9. REQUIRED: Bldg. # & Room #:
10. Effective Date:			11. Appt End Date:		12. Current Timebase:
14. MPP Supervisor (Appropriate Administrator):			15. MPP Supervisor's Pos.#:		16. Contact Person:
17. Phone Ext:			18. Reasons for Change/Job Action:		

SECTION II – SIGNATURE APPROVALS

Director / Manager / Supervisor	Name:	Signature:	Date:
Budget Analyst/Officer	Name:	Signature:	Date:
AVP / Dean	Name:	Signature:	Date:
Vice President	Name:	Signature:	Date:
Human Resources	Name:	Signature:	Date:

Comments:

SECTION III – HUMAN RESOURCES USE ONLY

Date Received Signed:	Position No. (new):	Actual Working Title & Actual Classification:	
Job Code/Grade:	Class & Comp with Date:	HR Generalist w/Date:	Date Entered – CMS:

Comments: