



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

- 1) Complete all indicated items in Section I and include any required attachments.
- 2) Obtain signatures as indicated in Section II
- 3) Submit the signed original to University Personnel – Tide Hall and send a copy to the Budget Office.

Completed forms must be received in University Personnel a MINIMUM of 5 work days before the effective date of the job action requested (10 work days for new hires.)

Effective dates are subject to University Personnel 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](#). (For Emer Appointment Info)*
- Extension of Temporary Appointment** [1-11, 14-18]
NOTE: For continuous employment, this completed JAF **MUST** be received in University Personnel 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, 15-16, 18]
- Time Base change:** [1-5, 7, 9, 10, 12-15] - *Attach a [Work Schedule Form](#) reflecting the new schedule.*
- Compensation Action:** [1-7, 9-10, 14-15, 18] **Stipend** **Bonus** **MPP Equity Increase** [1-7, 9-10, 14-15, 18]
- 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. Check Sort-Unit #:	9. Department Name:			
10. Effective Date:	11. Appt End Date:	12. Current Timebase:		13. New Timebase:	
14. MPP Supervisor (Appropriate Administrator):		15. MPP Supervisor's Position Number:	16. Contact Person:		Phone #:

18. Reasons for Change/Job Action:

SECTION II – SIGNATURE APPROVALS

1. Department Chair/ Director:	Name:	Signature:	Date:
2. MPP Dept Head/ Dean:	Name:	Signature:	Date:
3. Vice President/ President:	Name:	Signature:	Date:
4. University Personnel	Name:	Signature:	Date:

Notes:

SECTION III – UNIVERSITY PERSONNEL USE ONLY

Entered in CMS By:	Date entered in CMS:	PPT/JAF to Payroll:
Notes:		