



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) 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](#).*

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

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, 14-18]

Time Base change: [1-5, 7-10, 12-15] - *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:
6A. Check Sort #:					
7. Department ID:		8. Department Name:		9. REQUIRED: Bldg. # & Room #:	
9A. BUS Phone #:					
10. Effective Date:		11. Appt End Date:		12. Current Timebase:	
13. New 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:
AVP / Dean	Name:	Signature:	Date:
Vice President	Name:	Signature:	Date:
President	Name:	Signature:	Date:
University Personnel	Name:	Signature:	Date:

Comments:

SECTION III – UNIVERSITY PERSONNEL USE ONLY

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