

Human Resources (HR) Action Request Form

Employee Name: _____ UFID#: _____

Department Name: _____ DEPT ID: _____

Salary Plan: ____ TEAMS; ____ TEAMS non-exempt; ____ USPS; ____ Law Enforcement

Action Requested:

Recruitment [Position Description (PD) attached]:

____ New Position; ____ Overlap position; ____ Replacement position; ____ Special Pay Increase (SPI) (form attached); ____ Reclassification with Pay Change; ____ Reclassification only

Current Job Title (PD attached): _____; Current Salary: _____

Budgeted Salary: _____ ____ Hourly; ____ Salary

Proposed Job Title (PD attached): _____; Proposed Salary: _____

____ Hourly; ____ Salary

____ Full-time equivalency (FTE) Change (Voluntary FTE Change Request form attached)

Funding: _____; Funding Code: _____

Justification for request: _____

Action Requested by: _____ UFID#: _____

Job Title: _____ Date: _____

Director Name: _____

Director Approval Signature: _____ Date: _____

Assistant Vice President (AVP) Name: _____

AVP Approval Signature: _____ Date: _____

Email form to ba-hr@mail.ufl.edu

Associate Director HR Name: _____

Associate Director HR Approval Signature: _____ Date: _____

Vice President (VP) Business Affairs (BA) Name: _____

VP Approval Signature: _____ Date: _____

HR Action Request Form Instructions

This form will serve as the request for HR action items involving recruitment, reclassifications, and pay changes within Business Affairs. Review the information below and then submit this form along with any required documents to ba-hr@mail.ufl.edu. Questions about the impact on the departmental budget should be directed to your departmental Finance Department. Questions about recruitment, compensation, and job titles should be directed to the BA HR Office at 352-392-2333.

Recruitment

New Position: Attach the Position Description.

Overlap Position (More than one person is assigned to the Position Number at the same time): Attach the Position Description.

Replacement Position: Attach the Position Description.

Special Pay Increase

Attach the [Special Pay Increase Form](#).

Reclassification

Current Job Title: Attach the Position Description.

Current Salary: Provide the current employee's annual salary if the role is exempt. Provide the current employee's hourly rate if the position is non-exempt.

Budgeted Salary: Provide the total annual salary amount budgeted for the position, not including fringe rate.

Proposed job Title: Attach the Position Description.

Proposed Salary: Provide the anticipated annual salary if the role is exempt. Provide the anticipated hourly rate if the role is non-exempt.

Full-Time Equivalency (FTE) Change

Attach the [Voluntary FTE Change Request Form](#).

Additional Instructions

Funding: Provide description of where funding is being provided from (i.e., State Funds)

Funding Code: Provide code number for funding to be applied to.

Justification for request: Detail specific reason(s) for request (i.e., job duties needing to be fulfilled to accomplish business needs in the department).

Action Requested: Name and Job Title of individual requesting HR action (i.e., Assistant Director, Manager)

Approvals are listed in sequential order: 1. Director of Department; 2. Assistant Vice President of Department; 3. Assistant Director of Human Resources; 4. Vice President of Business Affairs