



Winston-Salem State University
Temporary Personnel Action Form
(For WSSU Students Only)

Employee Information:

Last Name:	First Name:	MI:	Banner ID:
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Sex: Male Female
(Check One) Date of Birth: _____

Permanent Address:

Street Address:		
City:	State:	Zip:

Status: Full-time Student Part-time Student
(Check One)

Brief Description of Duties:
Department Name:

Type of Action: Appointment Reinstatement Salary Adjustment Budget Code Change

Appointment Period: From: _____ to: _____

Time Sheet Approver: _____

Approver's Extension: _____

Position Data:

06084 16084

Pooled Position #	Fund	Organization	Account	Program

Amount Budgeted: \$ _____

Salary (per hour): \$ _____



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Approvals:

Supervisor	Extension	Date
Admin Asst (Name Only No Signature Required)	Extension	Date
Division Vice Chancellor / Dean		Date
Provost		Date
Budget Officer / Contracts & Grants		Date
Human Resources Partner		Date