

OTHER PERSONNEL ACTIONS SUMMARY
MANAGERS AND STAFF

Stockton University

Date _____

Employee _____ Division _____

REQUESTED ACTION: _____ **Effective Date** _____

- Title Change
- Structural Reclassification***
(Justification Required)
- Transfer/Reassignment**
- Status Change**
- Performance-Based Promotion***
- Salary Adjustment***

Current

Position # _____ Range, Step/Band _____ Salary _____

Local Title _____

Generic/State Title _____ () 10 Month () 12 Month

Proposed

Position # _____ Range, Step/Band _____ Salary _____

Local Title _____

Generic/State Title _____ () 10 Month () 12 Month

Justification

Dean/Director's Recommendation

Dean/Director's Signature/Date

Director of Human Resources' Recommendation

Director of Human Resources' Signature/Date

Vice President's Recommendation

Provost/Vice President's Signature/Date

PRESIDENT'S RECOMMENDATION TO THE BOARD OF TRUSTEES

Recommended to the Board of Trustees for Approval

Not Recommended to the Board of Trustees for Approval

President's Signature/Date

BOARD OF TRUSTEES MEETING DATE: _____