

**OKLAHOMA BAPTIST UNIVERSITY**  
Office of Human Resources

**PERSONNEL RECOMMENDATION**

Date prepared: \_\_\_\_\_

Effective date: \_\_\_\_\_

Employee/Candidate Information				
Last Name	First Name	MI	EMP ID#	SSN
Position Title	Personnel Registry Number (PRN)	FTE	Department/Org Key	

Complete the appropriate section(s):

<input type="checkbox"/> <b>EMPLOYMENT</b> <input type="checkbox"/> <b>ADDITIONAL PAID ASSIGNMENT</b> (Title) _____ <input type="checkbox"/> <b>RE-EMPLOYMENT</b> If reemployment, term of prior employment: From: _____ To: _____				
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Seasonal <input type="checkbox"/> Adjunct	Salary: \$ _____ per	<input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year	If Seasonal, term of employment: From: _____ To: _____
<input type="checkbox"/> <b>CHANGE IN SALARY</b>				
From: \$ _____	<input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year	To: \$ _____	<input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year	
<input type="checkbox"/> <b>CHANGE IN WORK STATUS</b>				
From: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Other	To: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Other			
<input type="checkbox"/> <b>CHANGE OR TRANSFER OF POSITION OR TITLE</b>				
From:	Position Title	To:		
	Department			
	PRN			
<input type="checkbox"/> <b>LEAVE OF ABSENCE</b>				
From: (Date)	To: (Date)	Reason:		
<input type="checkbox"/> <b>SEPARATION:</b>				
<input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> Lay-off <input type="checkbox"/> Discharge <input type="checkbox"/> Abandonment <input type="checkbox"/> End of appointment				
<b>RECOMMENDATION:</b> <input type="checkbox"/> Discontinue position <input type="checkbox"/> Post and Fill position - Attach Position Vacancy form.				

Supervisor Approved _____ Date _____	Senior Vice President for Business Affairs Approved _____ Date _____
Director/Dean/Assoc or Asst VP Approved _____ Date _____	President Approved _____ Date _____
Sr. Vice President Approved _____ Date _____	

**This form must be accompanied by: Application/Resume, Applicant Evaluation Form & Reference Verification Form**