

**OKLAHOMA BAPTIST UNIVERSITY**  
Office of Human Resources

**PERSONNEL RECOMMENDATION**

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

Anticipated Effective Date: \_\_\_\_\_

Employee/Candidate Information				
Last Name	First Name	MI	EMP ID#	Actual Effective Date
Position Title	Position Number (PN)	FTE	Dept/Org	(HR USE ONLY)

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"/> Seasonal	<input type="checkbox"/> Part-time <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				
*Any separation of employment from OBU requires completion of a Clearance Form and the Exit Interview Process*				
<b>RECOMMENDATION:</b> <input type="checkbox"/> Discontinue position <input type="checkbox"/> Post and Fill position - Attach Position Vacancy form.				

<b>Prepared and submitted by:</b>			
Supervisor/Department Chair _____	Date _____	Chief Financial Officer _____	Date _____
Department Director/Dean/VP _____	Date _____		
Provost/Executive Vice President _____	Date _____	President _____	Date _____

Preferred First Name \_\_\_\_\_ Preferred Email (according to OBU policy) \_\_\_\_\_

Copy to: PAYROLL \_\_\_\_\_ SUPV \_\_\_\_\_ CFO \_\_\_\_\_

Notify: IS&S \_\_\_\_\_ Mail Room \_\_\_\_\_ PR \_\_\_\_\_