

NEW STUDENT PERSONNEL ACTION FORM

MUST PRINT ON WHITE PAPER



Claremont Graduate University

Name (last) _____	(first) (init) _____	Mail Stop _____
----------------------	-------------------------	--------------------

Position Title _____	Approvals: Supervisor Name (please print) _____ Signature _____ Date _____ Other Authorized Signature Name (please print) _____ Signature _____ Date: _____
Cost Center _____	
Fund _____	
Grant _____	
Program _____	
Job Family _____	

Other Comments:

Note: To assure that a correct paycheck will be issued, please forward to the Payroll Department promptly.