

NEW STUDENT PERSONNEL ACTION FORM

MUST PRINT ON WHITE PAPER



Claremont Graduate University

| | | |
|-------------------------|-----------------------------------|--------------------|
| Name (last) _____ | (first) (init) _____ | Mail Stop _____ |
| Position Title _____ | Approvals: | |
| Cost Center _____ | Supervisor | |
| Fund _____ | Name (please print) _____ | _____ |
| Grant _____ | Signature _____ | Date _____ |
| Program _____ | Other Authorized Signature | |
| Job Family _____ | Name (please print) _____ | _____ |
| | Signature _____ | Date: _____ |

This information needs to be completed for all students:

Department _____

Hourly Pay Rate _____

Type of Job:
(TA/RA/FWS/ADMIN) _____

Job Title:
(TA DBOS) _____

Other Comments:

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