



Claremont Graduate University

Student Personnel Action Form

Last Name:

First Name:

Building:

Position Title:

Cost Center:

Cost Center:

Fund:

Grant:

Program:

Gift:

Approvals

Supervisor Name

(please print):

Date:

Signature:

Other Authorized Signature

Name

(please print):

Date:

Signature:

Department:

Job Start Date:

Hourly Pay Rate:

Job End Date:

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

Job Title:
(Ex. TA DBOS)

Other Comments: