

# Non-Student Hourly OPS Job Action Form

## **SECTION 1—EMPLOYEE INFORMATION**

Name: \_\_\_\_\_

UF ID: \_\_\_\_\_

## **SECTION 2—JOB INFORMATION**

### 1. Check job action and complete all that apply:

<input type="checkbox"/> FTE Change	<input type="checkbox"/> Salary Plan Change	<input type="checkbox"/> Pay Increase/Decrease
<input type="checkbox"/> Supervisor Change	<input type="checkbox"/> Funding Source Change	Old Rate: \$_____ New Rate: \$_____
<input type="checkbox"/> Termination	<input type="checkbox"/> Other (explain)	

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

Ending Date of Employment: \_\_\_\_\_

Department ID #:

[OPS Classification:](#)

Weekly Hours: \_\_\_\_\_

Description of job duties (if changed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 2. Funded by (if changed)

Current	New
<b>A.</b> Department OPS Budget	<b>A.</b> Department OPS Budget
<b>B.</b> Grant – Project #: _____	<b>B.</b> Grant – Project #: _____
<b>C.</b> Foundation: _____	<b>C.</b> Foundation: _____
<b>D.</b> Other: _____	<b>D.</b> Other: _____

1<sup>st</sup> Level Supervisor: \_\_\_\_\_

Print Name	Signature	Date
------------	-----------	------

2<sup>nd</sup> Level Supervisor: \_\_\_\_\_  
(Chair/Aso Dean)

Print Name	Signature	Date
------------	-----------	------

**FOR HR/FISCAL SERVICES USE ONLY**

\_\_\_\_\_  
**Grover#** (if applicable)

\_\_\_\_\_  
**Associate Dean, Admin Services & Faculty Affairs**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Human Resources Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Fiscal Services Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**HR Acct Code**