**** Request for Personnel Transaction Form (RPT) Human Resources

Employee Name: ID Number:

Department: Choose an item. Supervisor:

Effective Date: End Date:

Current Base Pay or Research Base: $

Current Job Title: Time Roster: 411000 Bi-Weekly



Department Contact: Ext No:

Is this employee a U.S. Citizen?

 

Does the employee perform work in Montana?

 If no, location: Click here to enter text.

Check Appropriate Box:

New Title: Click here to enter text.

New Base Pay (approval by Exec. Dir. of Fiscal Services required):

New Index # (approval by Exec. Dir. of Fiscal Services required): Click here to enter text.

New FTE (approval by Exec. Dir. of Fiscal Services required):

Please Explain: Click here to enter text.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Position: | Index: | Account: | FTE: | Pay (Opt): | Special Conditions: |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Note: If funding source is from a grant, you must supply the end date of the grant and a new funding source (approval by Exec. Dir. of Fiscal Services required).**

Approval Signatures:

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exec. Dir. Fiscal Srvs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Human Resources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Helena College Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Updated 12/10/2024