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

Employee Name: ID Number:

Department: Academic Affairs Supervisor:

Effective Date: End Date:

Current Base Pay or Research Base: $

Current Job Title: Adjunct Instructor 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:

 New Index #: Click here to enter text.

 New FTE

 Please Explain: Click here to enter text.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Position: | Index: | Account: | FTE: | Pay (Opt): | Special Conditions: |
|  |  |  |  |  |  |
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**Note: If funding source is from a grant, you must supply the end date of the grant and a new funding source.**

Approval Signatures

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

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

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