

STUDENT USC SOM Student Service Action Form

Action: _____ Date: _____

Name: Last: _____ First: _____ Middle: _____

Dept. Name: _____

Dept. #: _____

Title: _____

Internal Title: _____

Salary/Hourly Rate: _____ Position #: _____

Salary Range: _____ Class: _____

Fringe Cost: _____ Slot: _____

Appt. Period: _____

Justification: _____

Does recurring funding exist currently to support on: this position: Yes No

Accounts				
Dept.	Fund	Object Class	%	Amount / Salary Range

Administrative Director / Business Manager

Chair / Department Head

Second - Administrative Director / Business Manager

Second - Chair / Department Head

Associate Dean - Comments: _____

Associate Dean for Research and Graduate Studies

Office of the Dean - Comments: _____

Office of the Dean

For Accounting Personnel Only

Accounting Comments:

Grants	Yes	No
K101	Yes	No
K102	Yes	No

SUBMIT to Graduate Studies

Additional Information:

List of Attachments:

For Student Service Use Only: