



INDIANA UNIVERSITY  
NORTHWEST

BIWEEKLY AND PROFESSIONAL STAFF  
ACTION REQUEST

Employee Name: _____	University ID #: _____
Department: _____	

Please complete the appropriate information below. Signature of account managers of any departments involved in the action request are needed.

**Temporary Pay Adjustment:**

Please provide a temporary \_\_\_ 10% OR \_\_\_ 15% pay adjustment beginning \_\_\_\_\_ and ending \_\_\_\_\_ for the following reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Account # for temporary pay adjustment: \_\_\_\_\_  
**OR**  
Applicable Position # for temporary pay adjustment: \_\_\_\_\_

**Additional Pay:**

Please provide an additional payment in the amount of \$ \_\_\_\_\_ Beginning \_\_\_\_\_ and ending \_\_\_\_\_ for the following reason: \_\_\_\_\_  
\_\_\_\_\_

Account Number for temporary pay adjustment: \_\_\_\_\_

**Termination/Separation:**

Please terminate/separate employment with Indiana University Northwest effective: \_\_\_\_\_ for the following reason: (See termination/separation codes, page 20)

\_\_\_\_\_  
Termination/Separation Code

**Other Reasons:** (leave of absence, transfer, suspension, pay rate change, promotion, etc.)

Effective: \_\_\_\_\_, please take the following action (describe fully):  
\_\_\_\_\_  
\_\_\_\_\_

Account Manager _____	Date: _____
Human Resources _____	Date: _____
Vice Chancellor of Financial _____	Date: _____