

The Employment Action Request (EAR) is an all-inclusive form that allows you to request a temporary or restricted hire, extend a fixed-term assignment, or modify the employment details of an existing staff employee.

- For instructions on how to complete this form and who the required approvers are for your area, please see the [Employment Action Request Guide](#).
- University policy requires all approvals to be secured prior to notifying employees of any requested changes.
- For temporary and restricted hires, Human Resources will send a welcome email with onboarding tasks to the new employee upon receiving this approved form. Please ensure new employees do not perform any work until they have completed all onboarding tasks with Human Resources.

## Action Requested

☐ Hire a temporary or restricted employee   ☐ Extend a temporary or restricted employee   ☐ Modify employment details of an existing employee

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

Expected End Date (if applicable): \_\_\_\_\_

## Employee Information

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

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

Personal Email Address (for new hires only): \_\_\_\_\_

CWID (if applicable): \_\_\_\_\_

## Position Information For new hires, please fill out only the New Hires / Proposed Change section below.

	New Hires / Current Information	Proposed Change <small>Note: For any changes, please include the current information.</small>
Position Number		
Business Title		
Department ID		
Supervisor Name		
Standard Hours/Week		
Pay Rate	\$_____ <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	\$_____ <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
FLSA	<input type="checkbox"/> Nonexempt <input type="checkbox"/> Exempt	<input type="checkbox"/> Nonexempt <input type="checkbox"/> Exempt
Employee Classification	<input type="checkbox"/> Regular <input type="checkbox"/> Restricted <input type="checkbox"/> Temporary <input type="checkbox"/> Other_____	<input type="checkbox"/> Regular <input type="checkbox"/> Restricted <input type="checkbox"/> Temporary <input type="checkbox"/> Other_____
Annual Schedule	<input type="checkbox"/> 12 month <input type="checkbox"/> 11 month <input type="checkbox"/> 10 month <input type="checkbox"/> 9 month <small>If less than 12 months: Expected Date Out: _____ Expected Date Back: _____</small>	<input type="checkbox"/> 12 month <input type="checkbox"/> 11 month <input type="checkbox"/> 10 month <input type="checkbox"/> 9 month <small>If less than 12 months: Expected Date Out: _____ Expected Date Back: _____</small>

## Campus Location

Primary Location: ☐ Calabasas   ☐ Malibu   ☐ Fully Remote  
(Please check one) ☐ Irvine   ☐ West LA

Secondary Location: ☐ Calabasas   ☐ Malibu   ☐ Remote/ Hybrid  
(if applicable) ☐ Irvine   ☐ West LA

## Supervisory Responsibilities ☐ Check this box if the employee is becoming a new supervisor. Human Resources will reach out with training materials.

☐ Does not directly supervise and has no subordinates   ☐ Supervises only students employees   ☐ Supervises staff/faculty

If directly supervising staff or faculty, please provide names and/or position numbers:

**Additional Information / Justification**

1. What duties or responsibilities are being added or removed? ([Please attach complete position description or submit through PageUp](#)).

2. Please briefly explain the reason for this change.

3. Will additional funding, other than what is already budgeted for this position, be required? If so, please consult with your budget manager and describe how these changes will be funded.

**Approvals** Please refer to the [Employment Action Request Guide](#) to identify the correct approvers for your area.

1. For temporary hires, extensions, and changes, please complete section 1 only.
2. For all other requests, please complete sections 1 and 2.

**Section 1**

	Printed Name	Signature	Date
Form completed by:			
Supervisor:			
Major Budget Area Manager:			

**Section 2**

	Printed Name	Signature	Date
Department Head:			
Dean / Chief Officer:			
Provost / Vice President:			
Human Resources / Chief Business Officer:			

HR Use Only			Additional Budget Review
Processed by:		Date:	Signature:
Audited by:		Date:	
Retroactive Payment Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Submitted:	Date: