PERSONNEL ACTION FORM

(used for staff changes, faculty overload or stipend, and employee special payment)

Employee Name _____
First M.I. Last

Department _____ Account No. ___-_____-_____

Home Address _____
Street Address City State Zip

SS # _____-_____-_____ Phone (_____) _____-_____

NEW STAFF APPOINTMENT

Position/Title _____ Classification _____
Full time _____ Part time_____ Proportional time_____
Start Date _____ Salary _____

STAFF CHANGE OF APPOINTMENT

Former Position/Title _____ Former Salary _____
New Position/Title _____ Classification _____
Full time _____ Part time_____ Proportional time_____
Effective Date_____ New Salary _____

SPECIAL PAYMENT **Faculty** ☐ **Staff** ☐

Check One
Overload_____ Stipend_____ Honorarium_____
Position_____
Time Period (dates) _____ Amount _____
Reason for Special Payment _____
_____

•Comments or Special Provisions _____
_____
_____

APPROVAL
I certify that this personnel action has been authorized and that funds have been approved to cover the cost of this personnel action.

Date Approved _____ Hiring Supervisor _____
Name

Business Office Use:

_____
Director of Human Resources

_____
Director of Finance

_____
Vice Pres. for Admin & Finance

Dean or President Cabinet Members Approval:

Signature_____

Title_____

PERSONNEL ACTIONS REQUIRE DEAN OR PRESIDENT CABINET MEMBERS APPROVAL

R ev. 2/10