



PERSONNEL ACTION FORM

LAST NAME: _____ FIRST: _____ M.I. _____

BANNER NO. _____ EMPLOYMENT STATUS: Regular: ___ Temporary: _____

TYPE OF EMPLOYMENT: Full-Time: ___ Part-Time: _____

TYPE OF ACTION: Initial Appointment: _____ Rehire: ___ Promotion: _____ Reclassification: _____

Transfer: _____ Salary Adjustment: _____ Interim Assignment: ___ Other: _____

REPORTS TO: _____ **BANNER NO** _____

TIME ENTRY APPROVER: _____ **BANNER NO** _____

To Be Completed for Faculty Positions Only: Highest Degree Held _____ Yrs. Of Previous FT Exp. _____

	FROM:	TO:
POSITION NUMBER		
ORGANIZATION CODE		
JOB TITLE		
JOB CODE		
EFFECTIVE DATE		
END DATE (If Applicable)		
AUTHORIZED HOURS		
Salary Calculations- PAY RATE: (Semi-Monthly or Hourly)		
ANNUAL INDEX/SALARY:		
DUTY DAYS SCHEDULED IN YR:		
DUTY DAYS TO BE WORKED:		
ANNUAL TO BE PAID: # OF PAY PERIODS		

PART C - REMARKS/COMMENTS:

PART D - ENDORSEMENTS:

_____ DIRECTOR/SUPERVISOR	_____ DATE	_____ DEAN/ASSOCIATE DEAN	_____ DATE
_____ CHIEF HR AND ORGANIZATIONAL DEV OFFICER	_____ DATE	_____ VICE PRESIDENT/PROVOST/VICE PROVOST	_____ DATE
		_____ PRESIDENT OR DESIGNEE	_____ DATE