

# PERSONNEL ACTION FORM

Name

Today's Date

Warrior ID#

Effective Dates

Begin Date

End Date

**Check All That Apply**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> New Hire (#9 & possibly #11)  | <input type="checkbox"/> Budget Code Change (#10)                            | <input type="checkbox"/> Sabbatical (#11)                      |
| <input type="checkbox"/> Contingent upon Grant Funding | <input type="checkbox"/> Payment in Addition (#10)                           | <input type="checkbox"/> Replacement PA - Original Dated _____ |
| <input type="checkbox"/> Title Change (#10)            | <input type="checkbox"/> Payment in Addition/Adjunct Instruction (#12 & #13) | <input type="checkbox"/> Separation - Last Day Worked _____    |
| <input type="checkbox"/> Salary Change (#10)           | <input type="checkbox"/> Payment in Addition/Overload Instruction (#13)      |  |

NEW HIRE or CHANGE TO (complete all information)				SEPARATION or CHANGE FROM (only complete what has changed)			
1. Title				1. Title			
2. Department				2. Department			
3. FTE (Permanent employee only)		If less than 1.00, complete #10 & attach Non-Working Hours Schedule		3. FTE (Permanent employee only)			
4. Salary				4. Salary			
Hourly Rate				Hourly Rate			
5. Classification				5. Classification			
6. Tenure Status				6. Tenure Status			
7. Health Benefits Yes <input type="checkbox"/> No <input type="checkbox"/>				7. Health Benefits Yes <input type="checkbox"/> No <input type="checkbox"/>			
8. Budget Code/%		% (whole percent only)		8. Budget Code/%		% (whole percent only)	
Budget Code/%		% (whole percent only)		Budget Code/%		% (whole percent only)	
Budget Code/%		% (whole percent only)		Budget Code/%		% (whole percent only)	
Budget Code/%		% (whole percent only)		Budget Code/%		% (whole percent only)	

9. New Position:  Yes  
 No - Replacing \_\_\_\_\_  
 a. Shift Differential Eligible - Yes No

10. Comments (reason for changes, payment in addition, etc.)

FOR BUDGET OFFICE USE ONLY			
Object Code		Object Code	
Adjusted Contract/Contract Payoff			
Adjusted Hourly Rate			
FOR HUMAN RESOURCE SERVICES USE ONLY			
Pay Date	Type of Time	Hours/Payment	ACA Hours

11. Comments/Special Notations for Employment Contract (N/A - does not apply)    12. Total Class Hours Taught (ACA Hours)/Comments

13. Payment In Addition for Adjunct/Overload Instruction

**CREDIT COURSES - Semester**

Course	Section	Course Title	Cr.	\$/Credit	\$/Credit/Student*	#/Students	Total
<b>Total Credits</b>							
<b>Total Amount</b>							

\*For low-enrolled courses

**Flat Amount per Student**

<b>Total Amount</b>							

**NON-CREDIT COURSES - Semester**

Center	Course Title	Section	Payment Method	#Students/Hours	\$/per Student/Hour	Total
<b>Total Amount</b>						

**ROUTING & APPROVALS**

**Note:** The preparer of this document is responsible for identifying all needed e-mail addresses. Please do not 'Print to PDF' or send a scanned copy of this form for signature routing.

Prepared by email:

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Signatory/Approver	LC State E-mail	Digital ID Signature	Action	
			Disapprove	Approve
<b>Coordinator/Dept. Head/ Director:</b>				
<b>Grants &amp; Contracts (if grant funded):</b>				
<b>Dean:</b>				
<b>Additional Approver:</b>				
<b>Vice President/President:</b>				
<b>Budget Office:</b>				
<b>Human Resource Services:</b>				