



PERSONNEL ACTION FORM

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

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

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

TYPE OF ACTION: Overload: _____ Supplemental: _____ Substitute: _____ Student Assistant: _____

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 _____

	APPOINTMENT:
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:

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