Personnel Action Form

Supervisors are responsible for the full completion of this form. If first section is completed by the employee, the form should be taken to the supervisor to complete remaining sections.

Effective Date: _____

Name: _____ SSN: _____

Phone: _____ Email: _____

Job Title: _____ Supervisor (Title): _____

Action:
- ☐ New Hire
- ☐ Change of Assignment
- ☐ FMLA Leave/Return
- ☐ Termination
- ☐ Change of Classification
- ☐ Other (Specify) _____

Job Category (This assignment):
- ☐ Executive
- ☐ Professional/Exempt
- ☐ FT Non-Exempt
- ☐ FT Faculty
- ☐ Adjunct Faculty
- ☐ Regular Hourly

New Employees or Salary/Benefit Changes

☐ Contract Yearly Salary:_____ (@ 1 FTE) FTE:_____ Salary:_____ (Actual)

☐ Hourly Rate/hour:_____

Budget Distribution:

1) Account: _____ Percent: _____ 3) Account: _____ Percent: _____

2) Account: _____ Percent: _____ 4) Account: _____ Percent: _____

Terminations Only

Reason for Termination:
- ☐ Resignation
- ☐ Discharge
- ☐ Retirement
- ☐ Other (Explain):_____

Vacation Hours Due: _____

Contract Hours Due: _____

Approval

Employee: _____

Supervisor: _____

*President: _____ *only required for full-time new hires