



PERSONNEL ACTION FORM

Not to be used for posted position hires

Originator (Contact):		Orig. E-mail:		Orig. Phone #: :	
Type of Action:			Banner Position Number:		
APPOINTMENT <input type="checkbox"/> Initial <input type="checkbox"/> Additional <input type="checkbox"/> Renew/Extend <input type="checkbox"/> Cancellation		REVISION <input type="checkbox"/> Promotion <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Title Change Only <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Correction <input type="checkbox"/> Other		Position Type: <input type="checkbox"/> Classified <input type="checkbox"/> Classified Temporary <input type="checkbox"/> Faculty <input type="checkbox"/> Unclassified <input type="checkbox"/> Unclassified Short-Term (less than 4 mos.) <input type="checkbox"/> Unclassified Non-exempt (hourly rate) <input type="checkbox"/> Workshop	
Name		Banner ID	University Employee <input type="checkbox"/> New to University <input type="checkbox"/> Past Employee <input type="checkbox"/> Current Employee <input type="checkbox"/> Rehired Retiree		
Position Title			Status (Classified Only)		
Department			Assignment Begin Date	Assignment End Date	
College		Division	Campus		Work Location (Bld/Phone)
Salary Base <input type="checkbox"/> Hourly \$ <input type="checkbox"/> 9 Mo. \$ <input type="checkbox"/> 10 Mo. \$ <input type="checkbox"/> 12 Mo. \$ <input type="checkbox"/> Other		Salary for the Period		Pay Grade	
		<input type="checkbox"/> Continuing <input type="checkbox"/> Term/Temp <input type="checkbox"/> Grant		FTE	Number of Days or Hours Worked <input type="checkbox"/> Days <input type="checkbox"/> Hours
Faculty Rank/Title		Department of Rank			<input type="checkbox"/> Tenured <input type="checkbox"/> Tenure-Track <input type="checkbox"/> Non-Tenure Track

BUDGET INFORMATION

Index Name	Index No.	Organ.Code	Account	Distribution Percent	Dist. Start Date	Dist. End Date

FOR GRANTS USE ONLY

_____ Date

Principal Investigator

_____ Date

Research and Graduate Studies

Supervisor Name: _____

Supervisor Position Number: _____

Supervisor Banner ID: _____

Comments: _____

Distribution: Executive Officer
 Benefits
 HR Records
 Payroll
 University Budget
 Board Copy

Chairperson/Director/Department Head **Date**

Dean/Division Head **Date**

Appointing Authority **Date**