

NOTIFICATION OF PERSONNEL ACTION OF EXTERNALLY-FUNDED POSITION

PERSONAL INFORMATION					
Last Name:		First Name:		M.I.:	
Street Address:		City:		State:	Zip:
Colleague ID#:		Telephone Number:		Email address:	

PERSONNEL ACTION					
Position Title:		Position No.:		Department:	
Hire Status: (Check One)		(*If Part-time or temporary, indicate approximate time position will be needed.)			
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (19 hr/wk) <input type="checkbox"/> Temporary Full-Time <input type="checkbox"/> Temporary-Half-Time <input type="checkbox"/> Other _____		If Part-time, hours per week:		Grant/Contract Title and Number (if applicable)	
		Rate of Pay:		Acct No.:	Acct No.:
		Hour Month Annum Percentage:		Percentage:	Percentage:
		Start Date:		End Date:	
*Change Status: (check one)		Effective Date of Change:			
<input type="checkbox"/> Renewal <input type="checkbox"/> Pay Adjustment <input type="checkbox"/> Resignation <input type="checkbox"/> Termination		Rate of Pay:		Per: <input type="checkbox"/> Hr <input type="checkbox"/> Month <input type="checkbox"/> Annum	
		Leave Date from:		Leave Date to:	
<input type="checkbox"/> Leave of Absence <input type="checkbox"/> Leave without pay <input type="checkbox"/> FMLA					

BENEFITS			
Standard Benefits		Additional Benefits	
<input type="checkbox"/> Health insurance	<input type="checkbox"/> Worker's compensation	<input type="checkbox"/> Holidays	<input type="checkbox"/> Sick leave accrual
<input type="checkbox"/> Life insurance	<input type="checkbox"/> Unemployment compensation	<input type="checkbox"/> College Breaks	<input type="checkbox"/> Vacation accrual**
<input type="checkbox"/> Long-term disability insurance	<input type="checkbox"/> Jury duty leave	<input type="checkbox"/> Personal leave	<input type="checkbox"/> Other _____
<input type="checkbox"/> TRS/ORP contributions	<input type="checkbox"/> FICA matching		

Reason for Change: *(Attach additional sheets if necessary.)*

APPROVAL AND ACTION			
(1) _____	_____	(5) _____	_____
Dept. Chairperson or Supervisor		Budget	
Date		Date	
(2) _____	_____	(6) _____	_____
Divisional Dean		Human Resources	
Date		Date	
(3) _____	_____	(7) _____	_____
Associate Vice President (If applicable)		President	
Date		Date	
(4) _____	_____		
Appropriate Vice President			
Date			
Date			