

## PERSONNEL ACTION FORM

President – White Copy Payroll – Green Copy Human Resources – Yellow Copy Account Sponsor – Pink Copy Employee – Gold Copy

## **EMPLOYMENT or TERMINATION**

First Name	Middle Name		Last Name		Social Security Number	
					I.D. Number	
				N	i.b. ramon	
Address	City	State	Zip Code		Home Telephone	
EMPLOYMENT:				•		
Beginning (mm/dd/yy)			Pos #			
Job Title		Job Code		(Completed	l by Human Resources)	
Dept/Div/Col			Acct #			
at a salary/wage \$	per: (indicate one) hour	month	year	sem	lump sum	
Type of agreement: (indicate on	e) 12 month Sen	mester	Academic Year	Ot	her (specify)	
Status (indicate one) Full-time	e regular Part-time re	egular	Full-time temporary_	Part-ti	me temporary	
Work shift (regularly schedule	d working hoursnon-exempt em	ployees only)				
Part-time faculty, number of cr	edit hours?	Part-time	staff, number of hours	per week?		
	Replacement? Yes					
Previously employed by the Ui	niversity? Yes No	Department		(Do not i	nclude student employment)	
Marital Status: Single	Married Birth Da	ate	Ethnic Classifi	cation		
Degrees Held		Resume	application and officia	al transcripts re	equired. Please attach.	
TERMINATION:						
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Current salary/wage \$	per: (indicate one) hour	month	year	sem	lump sum	
Last day present on job						
Pay hou	rs unused vacation. Pay		hours unused comp	time.		
	REASON	FOR TERMIN	NATION			
Accept other employment  Attend school  Retirement (mm/dd/yy)  Lay off  End of temporary contract  Death			3 Days absent without notice Unsatisfactory probationary period Discharge * Insufficient class enrollment Other (specify):			
*If discharged, appropriate doc submitted to Human Resource	cumentation concerning the speces.	ific reason(s) mu	ist accompany this fori	m unless previ	ously	
APPROVED:						
		ī	Director of Human Res	ources	Date	
Account Sponsor	Date		Director of Budgets		Date	
Vice President	Date	- <del>-</del>	President		Date	