



# PERSONNEL ACTION FORM

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

## CHANGE OF STATUS

### CURRENT STATUS

Name \_\_\_\_\_ Employee ID \_\_\_\_\_ Dept/Div/Col \_\_\_\_\_  
Job Title \_\_\_\_\_ FOAP# \_\_\_\_\_ Pos # \_\_\_\_\_  
Salary/wage \$ \_\_\_\_\_ per (indicate one): hour \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_ semester \_\_\_\_\_ lump sum \_\_\_\_\_  
Type of contract: (indicate one) 12 month \_\_\_\_\_ Semester \_\_\_\_\_ Academic Year \_\_\_\_\_ Other (Specify): \_\_\_\_\_  
Status (indicate one) Full-time regular \_\_\_\_\_ Part-time regular \_\_\_\_\_ Full-time temporary \_\_\_\_\_ Part-time temporary \_\_\_\_\_  
Work shift (regularly scheduled working hours — non-exempt employees only) \_\_\_\_\_

### PROPOSED STATUS

Name \_\_\_\_\_ Dept/Div/Col \_\_\_\_\_  
Job Title \_\_\_\_\_ Job Code \_\_\_\_\_ Pos # \_\_\_\_\_  
FOAP# \_\_\_\_\_ Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Salary/wage \$ \_\_\_\_\_ per (indicate one): hour \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_ semester \_\_\_\_\_ lump sum \_\_\_\_\_  
Type of contract: (indicate one) 12 month \_\_\_\_\_ Semester \_\_\_\_\_ Academic Year \_\_\_\_\_ Other (Specify) \_\_\_\_\_  
Status (indicate one) Full-time regular \_\_\_\_\_ Part-time regular \_\_\_\_\_ Full-time temporary \_\_\_\_\_ Part-time temporary \_\_\_\_\_  
Work shift (regularly scheduled working hours — non-exempt employees only) \_\_\_\_\_  
New position? Yes \_\_\_\_\_ No \_\_\_\_\_ Replacement? Yes \_\_\_\_\_ No \_\_\_\_\_ Replacement for \_\_\_\_\_  
If changing from full-time to part-time, number of credit hours (faculty)? \_\_\_\_\_  
If changing from full-time to part-time, number of hours per week (staff)? \_\_\_\_\_

### REASON(S) FOR CHANGE (check all that apply):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Title change         | <input type="checkbox"/> Department change            | <input type="checkbox"/> Leave without pay                    |
| <input type="checkbox"/> Salary change:       | <input type="checkbox"/> Account change               | <input type="checkbox"/> Return from leave                    |
| <input type="checkbox"/> promotion            | <input type="checkbox"/> Full-time to part-time       | <input type="checkbox"/> Degree obtained (attach transcripts) |
| <input type="checkbox"/> merit increase       | <input type="checkbox"/> Part-time to full-time       | <input type="checkbox"/> Other (specify): _____               |
| <input type="checkbox"/> hourly to salaried   | <input type="checkbox"/> Temporary contract extension |   |
| <input type="checkbox"/> salaried to hourly   | <input type="checkbox"/> Military leave               |   |
| <input type="checkbox"/> teaching load change | <input type="checkbox"/> Sabbatical leave             |   |

If recommended for leave of absence, indicate ending date (if known) \_\_\_\_\_

Comments: \_\_\_\_\_

TO BE COMPLETED BY BUSINESS OFFICE:  
CONTRACT RATE \_\_\_\_\_

APPROVED:

_____	_____	Director of Human Resources	_____	Date
Account Sponsor	_____	_____	Director of Budgets	_____
_____	Date	_____	_____	Date
Vice President	_____	_____	President	_____
_____	Date	_____	_____	Date