

PERSONNEL ACTION

Grant Matching:

First Name: _____ Middle Name: _____ Last Name: _____

NSU ID:
N _____

Address: _____ City: _____ State: _____ Zip Code: _____

New Hire/Current Status:

Leave/Timecard Approver Pos. #: _____

Beginning (mm/dd/yy): _____ Ending (mm/dd/yy): _____ Pos. #: _____

Job Title: _____ Replacing: _____

Dept./Div./Col. : _____ FOAP: _____

At a salary/wage: \$ _____ per: Hour Month Year Semester Lump Sum

Type of Agreement: 12-month Semester Academic Year Other (specify): _____

Status: Full-time Regular Part-time Regular Full-time Temporary Part-time Temporary

Comments:

Change of Status:

Beginning (mm/dd/yy): _____ Ending (mm/dd/yy): _____ Pos. #: _____

Job Title: _____ Replacing: _____

Dept./Div./Col. : _____ FOAP: _____

At a salary/wage: \$ _____ per: Hour Month Year Semester Lump Sum

Type of Agreement: 12-month Semester Academic Year Other (specify): _____

Status: Full-time Regular Part-time Regular Full-time Temporary Part-time Temporary

Comments:

Termination:

Dept./Div./Col. : _____ Pos. #: _____ FOAP: _____

Current salary/wage: \$ _____ per: Hour Month Year Semester Lump Sum

Last day present on job (mm/dd/yy): _____

Accept other employment Retirement Date (mm/dd/yy): _____ Other (specify): _____

**If discharged, appropriate documentation concerning the specific reason(s) must accompany this form unless previously submitted to Human Resources.*

For Approval: Payroll Only: Pay: _____ hours of unused vacation Pay: _____ hours of unused comp time

Dean of Graduate Office (If Graduate position) Date

Director of Human Resources Date

Account Sponsor Date

Director of Budgets Date

Vice President Date

President Date