



PERSONNEL ACTION FORM

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 Sem 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): _____ New Pos #: _____

Job Title: _____ Replacing: _____

Dept/Div/Col: _____ FOAP: _____

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

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

REASON FOR TERMINATION

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

*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 unused vacation Pay: _____ hours 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