PERSONNEL ACTION FORM

(INITIAL APPOINTMENT, ASSIGNMENT CHANGES, FUNDING CHANGES)

A. EMPLOYEE INFORMATION Page of

Employee ID: **111-22-3333**	Employee Name: **Anita Rest**				Hire/Service Date:	
Div:	Dept:	Admin Unit:	Dept Phone:	Ext:	Bldg/Room No:	MS:
Transferring Agency:	Check Code:	EEO Code:	Contract Class:		Timesheet Loc:	Tenure Status:
HR USE - Employment Status:	POLICE USE: Public Safety Employee? ☐ Yes Hazardous Duty Date:					

B. EVENT(S) Explain proposed action: `Leave Without Pay`

1. Routing: Acct Manager, Dean, VPRGE (if app.), Budget

Event: ☐ Position Funding Change -- BAF # _____

2. Routing: Human Resources

Event: ☐ Directory Update

3. Routing: Acct Manager, Dean, Assoc VP/Exec Dir (if app.), VPRGE (if app.), Grad Dean (if app.), VP/Provost/President, Human Resources, Budget

Event: ☐ FTE Increase ☐ Rate of Pay Change

Class: ☐ Faculty ☐ A&P ☐ Classified ☐ Regular Wages

4. Routing: Acct Manager, Dept Head, Dean, VPRGE (if app.), Grad Dean (if app.), Human Resources, Budget

Event: ☐ Appointment/Reappointment – Premium Sharing BAF # _____ for new benefit eligible. (Attach signed Justification/Offer Letter, if app.)
☐ End Assignment
☐ Department Transfer
☐ FTE Reduction
☒ LOA – Date leave begins: **03-01-2005**
☐ Return LOA
☐ Other Changes
☐ Rate of Pay Change for Casual Labor, Student, or Temporary Wages only

Class: ☐ Faculty ☐ A&P ☐ Classified ☐ Reg. Wages ☐ Temp Wages ☐ Student ☐ Casual Labor

C. ASSIGNMENT END (If Applicable)

	Job Group	Assign #	End Date	Stop Event Code
1	**A = AP Reg**	**008**	**02-28-2005**	**X = Assign End**
2				

D. ASSIGNMENT & FUNDING

1	Job Group:	Assign #:	Dates – Begin: End:	Start Event:	HRS Pos #:	FTE:
	Job Class:	Schedule:	Hrly or Monthly Rate at 100%:	Annual / Acad Rate:	BUDGET USE – Occ:	
	Acct #:	Revised Fund:	Begin: End:	% Charged to Acct:	Distrib:	
2	Job Group:	Assign #:	Dates – Begin: End:	Start Event:	HRS Pos #:	FTE:
	Job Class:	Schedule:	Hrly or Monthly Rate at 100%:	Annual / Acad Rate:	BUDGET USE – Occ:	
	Acct #:	Revised Fund:	Begin: End:	% Charged to Acct:	Distrib:	
3	Job Group:	Assign #:	Dates – Begin: End:	Start Event:	HRS Pos #:	FTE:
	Job Class:	Schedule:	Hrly or Monthly Rate at 100%:	Annual / Acad Rate:	BUDGET USE – Occ:	
	Acct #:	Revised Fund:	Begin: End:	% Charged to Acct:	Distrib:	

E. CONTACT INFORMATION:

Go Home	1111	02-28-2005	HR10	A0019	05
PREPARED BY	EXT	DATE	MAIL STATION	ADMIN UNIT	FISCAL YEAR

F. APPROVALS/CONCURRENCES:

ACCOUNT MANAGER _____ DATE _____

DEPARTMENT HEAD (IF APPLICABLE) _____ DATE _____

ASSOCIATE VP / EXECUTIVE DIRECTOR (IF APPLICABLE) _____ DATE _____

DEAN (IF APPLICABLE) _____ DATE _____

GRADUATE DEAN (FOR TAS & RAS) _____ DATE _____

VPRGE (FOR CONTRACTS & GRANTS) _____ DATE _____

VICE PRESIDENT / PROVOST (IF APPLICABLE) _____ DATE _____

PRESIDENT (IF APPLICABLE) _____ DATE _____

HUMAN RESOURCES _____ DATE _____

BUDGET _____ DATE _____