



HUMAN RESOURCES
 Personnel Action Form
Change/Leave/Reappointment
Sample: Contract Professional Leave of Absence

Empl ID:	6789
Date Prepared:	6/29/2016
Preparer's Name:	KS

PERSONAL DATA

Prefix	First Name	MI	Last Name	Suffix
DR	JANE	E	DOE	

JOB DATA

Previous Incumbent	Action 1 ULOA-Unpaid Leave	Reason 1 OTH Other	Action 2 (if applicable)	Reason 2 (if applicable)
	Current	New	Current	New
Effective Date		11/1/2016	Job Function	CP Cont Prof
End Date		12/31/2016	Job Family	APS - CP ADMIN
Fac Ten Elig Dt			Temp or Reg	REGULAR
Job Req #			FT or PT	FT Full Time
Position # (reg)	1234		Standard Hrs	40
	Current	New		
Campus/Dept	AKRON OFFICE OF STUDENT AFFAIRS			
Primary Title	DIRECTOR, ZIP ASSIST			
Secondary Title(s)				

COMPENSATION

	Current	New	Account - %	Current	New
Base Contract Rate	\$100,000		200600 - 100%	200600 - 100%	200600 - 40% 200600-60% LNP
Contract Basis	12-month				
Grade	121				
Bargaining Unit			Stipend Account - %:		
Admin stipends Amount:					
Stipend Basis:					

EMPLOYMENT DATA

	Current	New	Campus Phone	Current	New
Building/Room	POL 285		2779		
Campus Zip +4	+1911		First Level Supervisor	K. SMITH	

COMMENTS/CONTINGENCIES/JUSTIFICATION FOR CHANGE

PAY TO BE BASED ON 16 HOURS PER WEEK - WORKING 40%.
 60% LEAVE WITHOUT COMPENSATION (LNP)

ADDITIONAL FUNDING SOURCE(S) – other than or in addition to the originally approved budget

If applicable please indicate the additional funding source(s) other than or in addition to originally approved budget:	Account/Position #	Amount

SIGNATURE APPROVALS

Department Chair/Director	Date	Dean	Date
Vice President/Provost/President	Date	Appointing Authority	Date

HUMAN RESOURCES USE ONLY

In/Out HR	BOT Date	Proc. By	New Job Req	Job Code	To RPBB	Ret Sys	Fair Share	Prob End	SPRC Approval

Budget Funds Available

Controller Funds Available

_____ Date _____ Date _____