



HUMAN RESOURCES

Personnel Action Form Hire/Rehire

*Sample: Appointment of Faculty Temporary
Administrative Stipend
(No Additional Title)*

Empl ID or
SS# if New Hire: 1234567

Date Prepared: 4/15/2016

Preparer's Name: ABC

PERSONAL DATA

Prefix DR	First Name JANE	M.I. E	Last Name DOE	Suffix
Street Address 123 UNIVERSITY LANE		City AKRON	State OH	Postal Code 44325

JOB DATA

Start Date 8/29/2016	End Date (if temp) 5/21/2017	Action HIRE	Reason ADM- ADMIN STIPEND	Fac Tenure Elig Date
Job Req #	Position # (reg) 1234	New or Indicate Previous Incumbent	Job Function FACULTY	Job Family TEF - TEACHING FAC
Campus and Department AKRON NURSING		Temp/Reg TEMP	Full Time/ Part Time PART TIME	Standard Hours 20
Primary Title ASSOC PROF INSTR, NURSING				
Secondary Title(s)				

COMPENSATION

	Current information		Current information	Resource Analysis & Budgeting :	
Base Contract Rate	\$60,000	Account - %	201000- 100%	If applicable please indicate the additional funding source(s) other than or in addition to originally approved budget:	
Contract Basis	9-month				
Grade					
Bargaining Unit		Stipend Account - %:	201000- 100%	Account/Position Number	Amount
Admin stipends: Amount:	\$3,000				
Stipend Basis:	9-month				

EMPLOYMENT DATA

Building/Room MGH 185	Campus Phone 7552	Campus Zip+4 3701	First Level Supervisor SUPERVISOR
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COMMENTS OR CONTINGENCIES

TEMPORARY ADMINISTRATIVE STIPEND FOR AREA COORDINATOR DUTIES

Note: Faculty hires please attach a copy of the JRF/SPRC Rationale, Candidate Interview Summary, signed letter of offer, resume, original transcripts, and (if applicable) Search Waiver.

SIGNATURE APPROVALS

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

HUMAN RESOURCES USE ONLY

In HR	BOT Date	Proc. By	Prob End	Fair Sh.	To RPBB	Ret Sys	Job Code	SPRC Approval

Budget Funds Available

Controller Funds Available

Date

Date