



HUMAN RESOURCES

Personnel Action Form Hire/Rehire

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

NOTE: This action requires 2 forms

Empl ID or
SS# if New Hire: 1234567

Date Prepared: 4/15/2016

Preparer's Name: ABC

PERSONAL DATA

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

JOB DATA

Start Date	End Date (if temp)	Action	Reason	Fac Tenure Elig Date
7/1/2016	6/30/2017	HIRE	ADM- ADMIN STIPEND	
Job Req #	Position # (reg)	New or Indicate Previous Incumbent	Job Function	Job Family
	1234		FACULTY	TEF - TEACHING FAC
Campus and Department			Temp/Reg	Full Time/ Part Time
AKRON NURSING			TEMP	PART TIME
Primary Title			Standard Hours	
PROFESSOR, NURSING			20	
Secondary Title(s)				
DEPT CHAIR, NURSING				

COMPENSATION

	Current information		Current information	Resource Analysis & Budgeting :	
Base Contract Rate	\$100,000	Account - %	20100- 100%	If applicable please indicate the additional funding source(s) other than or in addition to originally approved budget:	
Contract Basis	12-month				
Grade					
Bargaining Unit		Stipend Account - %:	201000- 100%	Account/Position Number	Amount
Admin stipends: Amount:	\$8,000				
Stipend Basis:	12-month				

EMPLOYMENT DATA

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

COMMENTS OR CONTINGENCIES

TEMPORARY ADMINISTRATIVE STIPEND FOR DEPT CHAIR ASSIGNMENT

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



HUMAN RESOURCES

Personnel Action Form

Change/Leave/Reappointment

Empl ID: 1234567

Date Prepared: 4/15/2016

Preparer's Name: ABC

PERSONAL DATA

Prefix	First Name	MI	Last Name	Suffix
DR	JANE	E	DOE	

JOB DATA

Previous Incumbent	Action 1 DTA Data Chg	Reason 1 TTL TitleChange	Action 2 (if applicable)	Reason 2 (if applicable)
	Current	New	Current	New
Effective Date		7/1/2016	Job Function	FAC Faculty
End Date			Job Family	TEF - TEACHING FAC
Fac Ten Elig Dt			Temp or Reg	REGULAR
Job Req #			FT or PT	FT Full Time
Position # (reg)			Standard Hrs	40
	Current	New		
Campus/Dept	AKRON NURSING		AKRON NURSING	
Primary Title	PROFESSOR, NURSING		PROFESSOR, NURSING	
Secondary Title(s)			DEPT CHAIR, NURSING	

COMPENSATION

	Current	New		Current	New
Base Contract Rate	\$100,000		Account - %	201000- 100%	
Contract Basis	12-month				
Grade					
Bargaining Unit					
Admin stipends Amount:		\$8,000	Stipend Account - %:		201000 - 100%
Stipend Basis:		12-month			

EMPLOYMENT DATA

	Current	New		Current	New
Building/Room	MGH 185		Campus Phone	7552	
Campus Zip +4	3701		First Level Supervisor	SUPERVISOR	

COMMENTS/CONTINGENCIES/JUSTIFICATION FOR CHANGE

ADDITIONAL TITLE DEPT CHAIR, NURSING; APPOINTMENT OF ADMINISTRATIVE STIPEND ON HIRE PAF

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 _____