



HUMAN RESOURCES
 Personnel Action Form
Change/Leave/Reappointment
*Sample: Reappointment of Faculty Temporary
 Administrative Stipend
 (Additional Title with No End Date)*

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 REAPPT- Reappoint	Reason 1 ADM AdminStip	Action 2 (if applicable)	Reason 2 (if applicable)
	Current	New	Current	New
Effective Date		7/1/2016	Job Function	FAC Faculty
End Date		6/30/2017	Job Family	TEF - TEACHING FAC
Fac Ten Elig Dt			Temp or Reg	TEMPORARY
Job Req #			FT or PT	PT Part Time
Position # (reg)			Standard Hrs	20
	Current			New
Campus/Dept	AKRON NURSING			
Primary Title	PROFESSOR, NURSING			
Secondary Title(s)	DEPT CHAIR, NURSING			

COMPENSATION

	Current	New		Current	New
Base Contract Rate	\$70,000		Account - %	201000 - 100%	
Contract Basis	12-month				
Grade					
Bargaining Unit					
Admin stipends Amount:	\$9,000		Stipend Account - %:	201000 - 100%	
Stipend Basis:	12-month				

EMPLOYMENT DATA

	Current	New		Current	New
Building/Room	MGH185		Campus Phone	7552	
Campus Zip +4	+3701		First Level Supervisor	SUPERVISOR	

COMMENTS/CONTINGENCIES/JUSTIFICATION FOR CHANGE

REAPPOINT TEMPORARY ADMINISTRATIVE STIPEND 7/1/2016-6/30/2017

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 _____