

HUMAN RESOURCES

Personnel Action Form

Change/Leave/Reappointment Sample: Temporary Staff Reappointment Empl ID:

Date Prepared: 6/1/2016

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Preparer's Name: JAC

PERSONAL DATA										
Prefix	First I	Name		MI		t Name		Suffix		
MRS	JANE			Е	E DOE					
JOB DATA									•	
Previous Incumbent		Action 1 REAPPT- Reappoint	Reason 1 TEMP Temp Employee					Reas	on 2 (if applicable)	
		Current	New				Current	- I	New	
Effective Date	Effective Date		6/13/2016	Job Function		n	STA Staff			
End Date		6/12/2016	6/18/2017	Job Fan	UNC - UNCLASSIF		UNC - UNCLASSIFIE	ED		
Fac Ten Elig Dt	Fac Ten Elig Dt			Temp o	or Reg		TEMPORARY	EMPORARY		
Job Req #				FT or P			PT Part Time			
Position # (reg)				Standar	ard Hrs 20		20			
Current			New		·					
Campus/Dept AKRON ATHLETIC		AKRON ATHLETICS								
Primary Title ATHLETICS EVEN		ATHLETICS EVENTS	3 ASSISTANT							
Secondary Title(s)										
COMPENSATION										
	Curre	nt Nev	v		Current		Current	New		
Base Contract Rate	\$8.70			Account - %		%	211000			
Contract Basis	Hourly 113									
Grade										
Bargaining Unit										
Admin stipends Amount:				Stipend Account - %:		6:				
Stipend Basis:										
EMPLOYMENT DAT	A									
	Current Nev		v				Current	N	ew	

	Current	New		Current	New				
Building/Room	JAR		Campus Phone	2112					
Campus Zip +4	+5201		First Level Supervisor	SUPERVISOR					
COMMENTS/CONTINGENCIES/JUSTIFICATION FOR CHANGE									

ADDITIONAL FUN	NDING SOURCE(S) – other than	or in addition to the	originally ap	proved budg	get					
If applicable please indicate the additional funding source(s) other than or in addition to originally approved budget:			Account/Position #			An	Amount				
SIGNATURE APPROVALS											
Department Chair/Director			Date	Dea			an			Date	
Vice President/Provost/President			Date Appointing Au			inting Auth	Authority			Date	
HUMAN RESOUR	CES USE ONLY										
In/Out HR	BOT Date	Proc. By	New Job Req	Job Code	To RPBB	Ret Sys	Fair Share	Prob E	Ind	SPRC Approval	
	<u> </u>					L	<u> </u>				
Budget Funds Available					Controller Funds Available						

____ Date_

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