



HUMAN RESOURCES
 Personnel Action Form
Change/Leave/Reappointment
Sample: Staff Part-Time to Full-Time

Empl ID:	6789
Date Prepared:	3/23/20
Preparer's Name:	JAC

PERSONAL DATA

Prefix	First Name	MI	Last Name	Suffix
MS	JANE	E	DOE	

JOB DATA

Previous Incumbent	Action 1 DTA Data Chg	Reason 1 PTF PTtoFT	Action 2 (if applicable)	Reason 2 (if applicable)
	Current	New	Current	New
Effective Date		3/30/2020	Job Function	STA Staff
End Date			Job Family	CLA - CLASSIFIED
Fac Ten Elig Dt			Temp or Reg	REGULAR
Job Req #			FT or PT	PT Part Time
Position # (reg)	1234		Standard Hrs	29
	Current	New		
Campus/Dept	AKRON HR OPERATIONS & EMPLOYMEN			
Primary Title	HR ASSOCIATE			
Secondary Title(s)				

COMPENSATION

	Current	New		Current	New
Base Contract Rate	\$14.95		Account - %	201000 - 100%	
Contract Basis	Hourly				
Grade	118				
Bargaining Unit			Stipend Account - %:		
Admin stipends Amount:					
Stipend Basis:					

EMPLOYMENT DATA

	Current	New		Current	New
Building/Room	AKRON		Campus Phone	1234	
Campus Zip +4	+5202		First Level Supervisor	SUPERVISOR	

COMMENTS/CONTINGENCIES/JUSTIFICATION FOR CHANGE

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 _____