



HUMAN RESOURCES
 Personnel Action Form
Change/Leave/Reappointment
Sample: Title Change

Empl ID: 2341

Date Prepared: 6/29/2016

Preparer's Name: JAC

PERSONAL DATA

| | | | | |
|--------|------------|----|-----------|--------|
| Prefix | First Name | MI | Last Name | Suffix |
| MRS | 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 | | 7/11/2016 | Job Function | STA Staff |
| End Date | | | Job Family | UNC - UNCLASSIFIED |
| 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 POLYMER ENGINEERING | | POSTDOCTORAL RESEARCH ASSOCIATE | |
| Primary Title | POSTDOCTORAL RESEARCH FELLOW | | POSTDOCTORAL RESEARCH ASSOCIATE | |
| Secondary Title(s) | | | | |

COMPENSATION

| | | | | | |
|------------------------|------------|-----|----------------------|---------|-----|
| | Current | New | Account - % | Current | New |
| Base Contract Rate | \$1,368.00 | | 638814 | | |
| Contract Basis | Biweekly | | | | |
| Grade | | | | | |
| Bargaining Unit | | | Stipend Account - %: | | |
| Admin stipends Amount: | | | | | |
| Stipend Basis: | | | | | |

EMPLOYMENT DATA

| | | | | | |
|---------------|----------|-----|------------------------|------------|-----|
| | Current | New | Campus Phone | Current | New |
| Building/Room | PEAC/423 | | 5643 | | |
| Campus Zip +4 | 0301 | | First Level Supervisor | SUPERVISOR | |

COMMENTS/CONTINGENCIES/JUSTIFICATION FOR CHANGE

NOTE: IF THERE IS RATIONALE, PLEASE ATTACH TO THE 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 _____