



**HUMAN RESOURCES**  
 Personnel Action Form  
**Change/Leave/Reappointment**  
*Sample: Staff Department Transfer (Reorganization)*

Empl ID:	3456
Date Prepared:	6/29/2016
Preparer's Name:	JAC

**PERSONAL DATA**

Prefix	First Name	MI	Last Name	Suffix
DR	JANE	D	DOE	

**JOB DATA**

Previous Incumbent	Action 1 TRANSFER-Dept Chg	Reason 1 REO Reorganization	Action 2 (if applicable)	Reason 2 (if applicable)
	Current	New	Current	New
Effective Date		6/27/2016	Job Function	STA Staff
End Date		7/16/2017	Job Family	UNC - UNCLASSIFIED
Fac Ten Elig Dt			Temp or Reg	TEMPORARY
Job Req #			FT or PT	PT Part Time
Position # (reg)		3478	Standard Hrs	20
	Current			New
Campus/Dept	AKRON POLYMER SCIENCE		AKRON POLYMER ENGINEERING	
Primary Title	RESEARCH ASSISTANT		RESEARCH ASSISTANT	
Secondary Title(s)				

**COMPENSATION**

	Current	New		Current	New
Base Contract Rate	\$1,368.00		Account - %	638814 - 100%	
Contract Basis	Biweekly				
Grade					
Bargaining Unit					
Admin stipends Amount:			Stipend Account - %:		
Stipend Basis:					

**EMPLOYMENT DATA**

	Current	New		Current	New
Building/Room	GDYR 100	PEAC 100	Campus Phone	1234	4321
Campus Zip +4	3909	0301	First Level Supervisor	SUPERVISOR	SUPERVISOR

**COMMENTS/CONTINGENCIES/JUSTIFICATION FOR CHANGE**

DEPARTMENT CHANGE DUE TO REORGANIZATION

**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 \_\_\_\_\_