

# Florida Memorial University

## PERSONNEL ACTION FORM

### Section I

Name: (Last, First, Middle) \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Exempt                       Full-Time                       Faculty                       Temporary  
 Non-exempt                   Part-Time                       Staff

### REASON FOR ACTION/CHANGE

<input type="checkbox"/> Hire	<input type="checkbox"/> Title Change/Other Changes	<input type="checkbox"/> Salary Change	<input type="checkbox"/> Termination
Effective Date: _____ <input type="checkbox"/> New Hire <input type="checkbox"/> Initial Appointment Replacing: <input type="checkbox"/> Re-appointment <input type="checkbox"/> Temporary <input type="checkbox"/> Rehire <input type="checkbox"/> Temp. to Hire	Effective Date: _____ <input type="checkbox"/> Promotion <input type="checkbox"/> Transfer <input type="checkbox"/> Demotion <input type="checkbox"/> Reclassification <input type="checkbox"/> New Charge Account # <input type="checkbox"/> Other (please specify): _____	Effective Date: _____ <input type="checkbox"/> Promotion <input type="checkbox"/> Merit Increase <input type="checkbox"/> Transfer <input type="checkbox"/> Demotion <input type="checkbox"/> Other (please specify): _____	Effective Date: _____ **Term Code _____  <input type="checkbox"/> Pay all accrued vacation through term date.  **Term Codes D-Retired    Q-Quit    F-Fired R-Resigned    L- Laid Off    O-Other P-Program Over

### Section II

Job Type:     Primary:                       Secondary:                      **File Number** (For use by Payroll Dept. Only) \_\_\_\_\_

Annual Salary: \_\_\_\_\_                       Hourly/Salary Rate: \_\_\_\_\_                      Hours Per Pay Period: \_\_\_\_\_

Budget Info	Special Pay
Begin Date: _____ End Date: _____ <input type="checkbox"/> New Charge Account <input type="checkbox"/> Temp. Charge Account	Begin Date: _____ End Date: _____ Amount: _____ Reason: _____
Charge Acct: _____ %:100.00	Charge Acct: _____ %:
Charge Acct: _____ %:	Charge Acct: _____ %:

### Section III

<input type="checkbox"/> 12 month position, salary paid over 12 months <input type="checkbox"/> 10 month position, salary paid over 12 months <input type="checkbox"/> 9 month position, salary paid over 12 months	<input type="checkbox"/> 9 month position, salary paid over 9 months <input type="checkbox"/> Summer Employment <input type="checkbox"/> Other Pay Schedule (explain): _____
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### Section IV

Supervisor: _____ Date: _____	Director of Grants & Sponsored Research: _____ Date: _____ (When Required)
Vice President: _____ Date: _____	President: _____ Date: _____

### Approval Stamps

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