

TUSKEGEE UNIVERSITY

PERSONNEL ACTION FORM							
DATE:		DEPARTMENT NAME (type in the space below)					
EMPLOYEE ID #: (Do not use SSN.)							
PERSONNEL ACTION FOR:	FACULTY	ADJUNCT FACULTY	TENURED TENURED TRACK NON-TENURE	STAFF	INTERIM STAFF	STUDENT	<i>Failure to include necessary information or justification may delay processing.</i>
EMPLOYEE NAME: Dr. Mr. Mrs. Ms.	LAST		FIRST		MIDDLE	DATE OF BIRTH	
ACTION: <input style="width: 40px; height: 20px;" type="checkbox"/>	01 — Initial Employment		07 — Promotion		13 — Renewal		
	02 — LOA with Pay		08 — Job Reclassify		14 — Data Change/Correction		
	03 — LOA without Pay		09 — Demotion		15 — Rehire		
	04 — Return from LOA		10 — Job Assignment Change		16 — GL # Change		
SUMMER ANNUAL	05 — Separation/Termination		11 — Transfer		17 — Pay Adjustment		
	06 — Resignation/Retirement		12 — Additional Duties/Pay		18 — Other		
Regular	Temp	Full Time		37.5 Hours	40 Hours	Exempt	
		Part Time		Other _____		Non-Exempt	
COMMENTS:							
POSITION TITLE:				PAYOUT SCHEDULE (FACULTY):		10 MONTHS	12 MONTHS
START DATE:	END DATE:	ANNUAL PAY RATE	SUMMER PAY RATE	PAY CYCLE: MONTHLY BI-WEEKLY			
GL ACCOUNT NUMBER (& Line No.):		MONTHLY RATE:	HOURLY RATE:	PERCENT:	START DATE:	END DATE:	
1							
2							
3							
4							
5							
6							
APPROVALS:							
1. Supervisor/Dean/Director			Date	5. Provost			Date
2. General Officer (Associate Dean/Vice President)			Date	6. Budget/ BFA			Date
3. Grants Manager (For Restricted Funds Only)			Date	7. Office of Human Resources			Date
4. Financial Aid (College Work-Study Students Only)			Date	8. President			Date

NOTE: Please obtain approvals in the order noted, as applicable. The approval process stops if the personnel action request is not approved by the Budget Office prior to submission to the Office of Human Resources.

Document Control *Office of Human Resources (OHR) - Revised 7.8.19*