

Alfred University PERSONNEL ACTION FORM

NO OFFER/CHANGES MAY BE ANNOUNCED PRIOR TO THE FULL APPROVAL OF THIS FORM

Name of Candidate/Employee:		Effective Date of Action:	
Banner ID (if current employee):		Duration/End Date (if applicable):	
ACTION			
Appointments Complete (B) below	Changes Complete (A) & (B) below	Separations	Other Negotiated Benefits Must be pre-approved on RR
<input type="checkbox"/> Appointment* <input type="checkbox"/> Rehire* <input type="checkbox"/> Extension of Temporary Appt.** <input type="checkbox"/> Overload** <input type="checkbox"/> Stipend** <input type="checkbox"/> Extra Service**	<input type="checkbox"/> Promotion** <input type="checkbox"/> Salary** <input type="checkbox"/> Job Title** <input type="checkbox"/> Job Status** <input type="checkbox"/> Department/Budget Code** <input type="checkbox"/> Supervisor <input type="checkbox"/> Sabbatical/LOA	<input type="checkbox"/> Position Expiration <input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> Termination**	<input type="checkbox"/> Moving Expenses Amount: _____ <input type="checkbox"/> Housing Where: _____ Amount: _____ <input type="checkbox"/> Meals Amount: _____
Comments:			
*Recruitment Requisition form must be approved prior to completion of this form. **Justification required.			
INFORMATION			
(A) Current		(B) Proposed	
Status: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Regular <input type="checkbox"/> Temp Shift: <input type="checkbox"/> 1 <input type="checkbox"/> 2		Status: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Regular <input type="checkbox"/> Temp Shift: <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Title:		Title:	
Grade:	Salary/Rate	Grade:	Salary/Rate:
Supervisor:	Time Sheet Code:	Supervisor:	Time Sheet Code:
FOAP 1:	%	FOAP 1:	%
FOAP 2:	%	FOAP 2:	%
FOAP 3:	%	FOAP 3:	%
Funding Source(s) if salary & benefits exceed the funds available in the FOAP listed above			
FOAP:		Amount:	
REQUIRED SIGNATURES FOR APPROVAL			
*Signature not required if the Recruitment Requisition form was previously approved at the same levels. Research payments require only the Dean/Director and Research Account sign off.			
Routing Order	Print/Type Name	Signature	Date
Supervisor:			
Dean/Director:			
*Area VP/*Research Acct:			
Position Control:			
HR Representative:			
*VP, Business & Finance:			
Return this form and resume to Human Resources for preparation and distribution of offer letter to applicant/employee. Please refer all benefit questions to Human Resources.			
HR USE ONLY: Copy Distribution <input type="checkbox"/> Supervisor <input type="checkbox"/> Dean/Director <input type="checkbox"/> VP/Research Acct <input type="checkbox"/> VP/BF <input type="checkbox"/> Payroll			