

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 | | | |