

**MISSISSIPPI UNIVERSITY FOR WOMEN
REQUEST FOR PERSONNEL ACTION FORM**

Employee's Name: _____ Effective Date: _____
 Address: _____ Position Title: _____
 Telephone #: _____ Classification: None
 Unit Name: _____ Position No.: _____
 Budget Org No. _____

Is this position funded by a grant? yes or no If grant funded, STOP. Sponsored Accounts Personnel Action Form should be used instead.

Check action desired	<input type="checkbox"/> Hire Complete Sections 1 & 5 <input type="checkbox"/> Classification/Rate Change/Transfer Complete Sections 2 & 5 <input type="checkbox"/> Termination Complete Sections 3 & 5																			
1. HIRE	<input type="checkbox"/> New Employee Or <input type="checkbox"/> Rehire <input type="checkbox"/> 12 month <input type="checkbox"/> 10 month <input type="checkbox"/> 9 month <input type="checkbox"/> Temp <input type="checkbox"/> Other _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours per week _____ Annual Salary (if paid monthly) _____ Or Hourly Rate (if paid biweekly) _____ One-time payment amount _____ Date to be paid _____ Faculty Hires Only - check one of the boxes below and complete remainder of line. <input type="checkbox"/> Adjunct Faculty Course Numbers to be taught: _____ <input type="checkbox"/> Regular/Contract Faculty FTE: _____																			
2. CLASSIFICATION / RATE CHANGE / TRANSFER <small>(Check one box in first column & complete all appropriate sections under Old & New)</small> <small>(Check one on each row)</small>	<input type="checkbox"/> Merit <input type="checkbox"/> Promotion <input type="checkbox"/> University Transfer <input type="checkbox"/> New Position <input type="checkbox"/> Classification Change <input type="checkbox"/> Other _____	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:25%; text-align:center">Old</th> <th style="width:25%; text-align:center">New</th> </tr> </thead> <tbody> <tr> <td>Hourly Rate</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Annual Salary</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Classification</td> <td style="text-align:center"><u>None</u></td> <td style="text-align:center"><u>None</u></td> </tr> <tr> <td>Job Title</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Dept.</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <input type="checkbox"/> 12 month <input type="checkbox"/> 10 month <input type="checkbox"/> 9 month <input type="checkbox"/> Other _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours per week _____		Old	New	Hourly Rate	_____	_____	Annual Salary	_____	_____	Classification	<u>None</u>	<u>None</u>	Job Title	_____	_____	Dept.	_____	_____
	Old	New																		
Hourly Rate	_____	_____																		
Annual Salary	_____	_____																		
Classification	<u>None</u>	<u>None</u>																		
Job Title	_____	_____																		
Dept.	_____	_____																		
3. TERMINATION	<input type="checkbox"/> Retired (Forward copy of letter of retirement or resignation to HR.) <input type="checkbox"/> Resignation <input type="checkbox"/> Discharged <input type="checkbox"/> Other _____																			
4. REMARKS	_____ _____ _____																			
5. APPROVALS <small>(Forward PAF in order of signatures.)</small>	Requested by: _____ Unit Head _____ Date _____ <input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Disapproved _____ Dean (if appropriate) _____ Date _____ <input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Disapproved _____ Supervising President's Cabinet Member _____ Date _____ <input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Disapproved _____ VP for Finance and Administration _____ Date _____ <input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Disapproved _____ President _____ Date _____																			