

**MISSISSIPPI UNIVERSITY FOR WOMEN
PERSONNEL ACTION FORM**

Employee Name: _____ Effective Date: _____
Banner ID: _____ (if current employee) Position Title: _____
 Address: _____ Position No.: _____
 Phone No.: _____ Salary Grade: _____ (staff positions only)
 Email: _____ Dept. Name: _____
 Budget Org No.: _____

Is this position funded by a grant? Yes No If grant funded, **STOP!** Sponsored Programs
 Personnel Action Form should be used instead.

Check action desired	Hire Classification/Rate Change/Transfer Termination	Complete Sections 1 & 5 Complete Sections 2 & 5 Complete Sections 3 & 5																		
1. HIRE	New Employee Rehire Student 12 month 10 month 9 month Temp Other _____ Full-time 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. Adjunct Faculty Course Numbers to be taught: _____ Regular/Contract Faculty FTE: _____																			
2. CLASSIFICATION / RATE CHANGE / TRANSFER (Check one box in first column & complete all appropriate sections under Old & New.) (Check one on each row.)	Merit Promotion (Grade Change) University Transfer New Position Salary Grade Change (Staff) Other _____	<table border="1"> <thead> <tr> <th></th> <th>Old</th> <th>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>Salary Grade</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Job Title</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Department</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> 12 month 10 month 9 month Other _____ Full-time Part-time Hours per week _____		Old	New	Hourly Rate	_____	_____	Annual Salary	_____	_____	Salary Grade	_____	_____	Job Title	_____	_____	Department	_____	_____
	Old	New																		
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Annual Salary	_____	_____																		
Salary Grade	_____	_____																		
Job Title	_____	_____																		
Department	_____	_____																		
3. TERMINATION	Retired Resignation Discharged Other _____ (Forward copy of letter of retirement or resignation to HR.)																			
4. REMARKS	_____ _____ _____																			
5. APPROVALS (Forward PAF in order of signatures.)	Requested by: _____ <div> <div>Unit Head</div> <div>Date</div> </div> <div> <div>Approved</div> <div>Approved as amended</div> <div>Disapproved</div> </div> <div> <div>Dean (if appropriate)</div> <div>Date</div> </div> <div> <div>Approved</div> <div>Approved as amended</div> <div>Disapproved</div> </div> <div> <div>Supervising President's Cabinet Member</div> <div>Date</div> </div> <div> <div>Approved</div> <div>Approved as amended</div> <div>Disapproved</div> </div> <div> <div>VP for Operations/CFO</div> <div>Date</div> </div> <div> <div>Approved</div> <div>Approved as amended</div> <div>Disapproved</div> </div> <div> <div>President</div> <div>Date</div> </div>																			

(When final approved
PAF is received in HR, a
copy will be emailed to
the department.