

**MISSISSIPPI UNIVERSITY FOR WOMEN  
SPONSORED PROGRAM PERSONNEL ACTION FORM**

**Employee Information**

Employee Name:		Banner ID: (if current employee)	
Email:		Phone Number:	
Address:			
City:		State:	Zip:

**Employment Action**

Effective Date of Action:		Expected End Date:	
Check Action Desired	New Hire Rehire Redistribution of pay Termination End of Program	Complete Sections 1 through 3 Complete Sections 1 through 3 Complete Sections 2 and 3 Complete Section 3 (Attach resignation or retirement letter if applicable.) Complete Section 3	

**Section 1. Sponsored Project Information**

Job Title:					
Department Name:				Budget Organization Number:	
A. Select One:	12 Month	10 month	9 month	Other:	
B. Select One:	Full-time	Part-time	%, if part-time :		
C. Select One:	Regular	Time-Limited (Must be less than 4.5 months)			
Rate of pay:		per hour	per month	per year	one-time pay - HR approval:

**Section 2. Accounting Distribution**

Account/Org Name	Fund #	Organization #	Annual Rate	Workload %
<b>Totals</b>				

**Section 3. Approvals (Forward form IN ORDER of signatures)**

Requested by:		Date:	
Requestor's Department:		W-Box:	Phone:

**Approval Signatures:**

Principal Investigator/Project Director	_____	Date: _____
Academic Head or Non-Academic Director	_____	Date: _____
Human Resources Verification	_____	Date: _____
Sponsored Programs	_____	Date: _____
Dean (If appropriate)	_____	Date: _____
Supervising President's Cabinet Member	_____	Date: _____
VP for Operations/CFO	_____	Date: _____
President (Not required for temporary positions)	_____	Date: _____

(When a final approved SPPAF is received in HR, a copy will be emailed to the Principal Investigator/Project Director.)