**Mississippi University for Women**

Sponsored Programs

Personnel Action Form For Sponsored Accounts

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Required Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Banner ID: | | |  | | | | | | | | | | | First Name: | | |  | | | | | | | | | | | | | | | MI | |  | | Last: | | | | | |  | | | | | | | |
| Street Address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | State: | | | | | |  | | | | | Zip: | | | |  | | | | | |
| Email Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Phone Number: | | | | | | | | | | | | |  | | | | | | | | |
| Effective Date of Action: | | | | | | | | | |  | | | | | | | | | | | | | | Expected End Date: | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Check Action Desired | | | | | | | | | | New Hire | | | | | | | | | | Complete Sections I through III | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | Rehire | | | | | | | | | | Complete Sections I through III | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | Redistribution of pay | | | | | | | | | | Complete Sections II and III | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | Termination | | | | | | | | | | Complete Section III | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | End of Program | | | | | | | | | | Complete Section III | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section I. Sponsored Project Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job Title: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Department Name: | | | | | | | | |  | | | | | | | | | | | | | | | | | Budget Organization Number: | | | | | | | | | | | | | | | | | | | | |  | | |
| 1. Select One: | | | | | | | 12 Month | | | | | | | | 10 month | | | 9 month | | | | Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Select One: | | | | | | | Full-time | | | | | | | | Part-time | | | %, if part-time : | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 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 II. Accounting Distribution** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Account/Org Name** | | | | | | | | | | | | **Fund #** | | | | | | | | **Organization #** | | | | | | | | | | | | | | **Annual Rate** | | | | | | | | | | | | **Workload %** | | | |
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| **Totals** | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | $ | | | | | | | | | | | | % | | | |
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| **Section III. Approvals (Forward form in order of signatures)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Requested by: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | |  | | | | | | | | | |
| Requestor’s Department: | | | | | | | | | | |  | | | | | | | | | | | | W-Box: | | | | | | |  | | | | | | | | Phone: | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | |
| **Approval Signatures:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Investigator | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Date: | | | | |  | | | |
| Academic Head or Non-Academic Director | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Date: | | | | |  | | | |
| Human Resources Verification | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Date: | | | | |  | | | |
| Sponsored Programs | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Date: | | | | |  | | | |
| Dean (If Applicable) | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Date: | | | | |  | | | |
| Supervising Cabinet Member | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Date: | | | | |  | | | |
| VP for Finance & Administration | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Date: | | | | |  | | | |
| President (Not required for temporary positions) | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Date: | | | | |  | | | |