

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

Employee's Name: _____ Effective Date: _____
 Address: _____ Position Title: _____
 Phone #: _____ E-mail: _____ Salary Grade: _____
 Unit Name: _____ Position No.: _____
 Budget Org No. _____

Is this position funded by a grant? yes or no If grant funded, STOP. Sponsored Programs 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

New Employee Rehire (Enter ID) Student (Enter ID) Banner ID: _____

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)

	Old	New
<input type="checkbox"/> Merit	Hourly Rate _____	_____
<input type="checkbox"/> Promotion (Grade Change)	Annual Salary _____	_____
<input type="checkbox"/> University Transfer	Salary Grade _____	_____
<input type="checkbox"/> New Position	Job Title _____	_____
<input type="checkbox"/> Salary Grade Change (Staff)	Dept. _____	_____
<input type="checkbox"/> Other _____		

(Check one on each row)

12 month 10 month 9 month Other _____

Full-time Part-time Hours per week _____

3. TERMINATION

Retired (Forward copy of letter of retirement or resignation to HR.)

Resignation

Discharged

Other _____

4. REMARKS

5. APPROVALS
(Forward PAF in order of signatures.)

Requested by: _____ Unit Head _____ Date _____

Approved Approved as amended Disapproved

_____ Dean (if appropriate) _____ Date _____

Approved Approved as amended Disapproved

_____ Supervising President's Cabinet Member _____ Date _____

Approved Approved as amended Disapproved

_____ VP for Finance and Administration _____ Date _____

Approved Approved as amended Disapproved

_____ President _____ Date _____