

Mississippi University for Women

Sponsored Programs Personnel Action Form

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	<input type="checkbox"/> New Hire <input type="checkbox"/> Rehire <input type="checkbox"/> Redistribution of pay <input type="checkbox"/> Termination <input type="checkbox"/> End of Program		Complete Sections I through III Complete Sections I through III Complete Sections II and III Complete Section III Complete Section III					

Section I. Sponsored Project Information

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

Section II. Accounting Distribution

Account/Org Name	Fund #	Organization #	Annual Rate	Workload %
Totals			\$	%

Section III. 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 Finance & Administration		Date:	
President (Not required for temporary positions)		Date:	