

TUSKEGEE UNIVERSITY

PERSONNEL ACTION FOR					
DATE:		DEPARTMENT			
EMPLOYEE ID #: (Do not use SSN)					
PERSONNEL ACTION FOR:	FACULTY <input type="checkbox"/>	ADJUNCT FACULTY <input type="checkbox"/>	<input type="checkbox"/> TENURED	STAFF <input type="checkbox"/>	INITIAL STATE <input type="checkbox"/>
			<input type="checkbox"/> TENURED TRACK		
			<input type="checkbox"/> NON-TENURED		
EMPLOYEE NAME: Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	LAST		FIRST		
ACTION: <input type="checkbox"/>	C1 - Initial Employment C2 - LOA with Pay C3 - LOA without Pay C4 - Return from LOA C5 - Separation/Termination C6 - Resignation/Retirement		07 - Promotion 08 - Job Reclassify 09 - Demotion 10 - Job Assignment Change 11 - Transfer 12 - Additional Duties/		
SUMMER <input type="checkbox"/>	ANNUAL <input type="checkbox"/>				
Regular <input type="checkbox"/>	Temp <input type="checkbox"/>	Full Time <input type="checkbox"/>	37.5 Hours <input type="checkbox"/>		
		Part Time <input type="checkbox"/>	Other <input type="checkbox"/>		
COMMENTS:					
POSITION TITLE:		PAY/OT SCHEDULE (FACULTY)			
START DATE:	END DATE:	ANNUAL PAY RATE:	SUMMER PAY RATE:		
GL ACCOUNT NUMBER (& Line No.):		MONTHLY RATE:	HOURLY RATE:	PERIOD:	
1					
2					
3					
4					
5					
6					
APPROVALS:					
1. Department Head/Director		Date	3. Grant Manager (Grant Only)		
2. Dean/Vice President		Date	4. Provost (for Faculty)		
3. Budget Officer		Date	5. Office of Human Resources		
3. Financial Aid (Work-Study Only)		Date	6. President		

NOTE: Please obtain approvals in the order noted, as applicable. The approval request is not approved by the Budget Officer prior to submission to the Office of

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