



Personnel Action Form

Human Resources
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001
(937) 775-2120

Name (Last, First, MI) _____

Social Security Number/UID Number _____

NBAPOSN _____

Job Start Date _____

Job Stop Date _____

Organization Name _____

Affirmative Action Number _____

Campus Address/Campus Phone Number _____

City Work Loc. (other than main campus) _____

Job Title _____

Position Class Number/Salary Band _____

_____ Essential Employee
Position FTE Emergency Responder

\$ _____
Annual Base Salary

\$ _____
Base Monthly/Hourly Rate

\$ _____
Monthly Stipend Rate (If Applicable)

Employment Type	Contract Type	Employment Status
<input type="checkbox"/> Faculty	<input type="checkbox"/> Continuing Employment	<input type="checkbox"/> Superseding Appointment
<input type="checkbox"/> Fiscal (12 month)	<input type="checkbox"/> Special Contract	<input type="checkbox"/> New Hire / Re-hire
<input type="checkbox"/> Academic (9 month)	<input type="checkbox"/> Temporary	<input type="checkbox"/> Leave <input type="checkbox"/> with pay
<input type="checkbox"/> Tenure Track	<input type="checkbox"/> 30-Day Emergency	<input type="checkbox"/> without pay
<input type="checkbox"/> Non-Tenure Track	<input type="checkbox"/> Interim Appointment (6 month)	<input type="checkbox"/> returning from leave
<input type="checkbox"/> Unclassified	<input type="checkbox"/> Visiting Scholar / Faculty	<input type="checkbox"/> Termination / Separation
<input type="checkbox"/> Unclassified Hourly	<input type="checkbox"/> Visiting NTT	<input type="checkbox"/> Retirement
<input type="checkbox"/> Classified	<input type="checkbox"/> Limited NTT	<input type="checkbox"/> Promotion
<input type="checkbox"/> Certified	<input type="checkbox"/> Auxiliary	<input type="checkbox"/> Demotion
<input type="checkbox"/> Provisional	<input type="checkbox"/> One-Time Payment (bonus/award)	<input type="checkbox"/> Job Assignment Change
<input type="checkbox"/> Classified PTOC	<input type="checkbox"/> Gross	<input type="checkbox"/> Transfer
<input type="checkbox"/> Retiree	<input type="checkbox"/> Net	<input type="checkbox"/> Other Data Change
<input type="checkbox"/> Bargaining Unit		<input type="checkbox"/> Renewal

Salary Distribution	Distribution 1	Distribution 2	Distribution 3	Distribution 4	Distribution 5	Distribution 6
Index						
Fund						
Org						
Acct						
Program						
Activity						
Funding Source						
Academic salary (3 qtrs)	\$	\$	\$	\$	\$	\$
Academic stipend (3 qtrs)	\$	\$	\$	\$	\$	\$
Fiscal year salary	\$	\$	\$	\$	\$	\$
Fiscal year stipend	\$	\$	\$	\$	\$	\$
Special contract salary	\$	\$	\$	\$	\$	\$
Percent of Salary						100%

Comments/Conditions: _____

Timesheet Approver _____
Name/UID# _____

Reallocation

Action Code _____ ECLS _____ Earn Code _____ Cert. Date _____	Dept./College Approval/Date _____ Budget/RSP Approval/Date _____ HR Approval/ Date _____ Payroll Approval/Date _____
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