



PERSONNEL ACTION FORM - FULL TIME

RECOMMENDED ACTION: _____

EFFECTIVE DATE: _____

EXPIRATION DATE: _____

LAST NAME: _____

FIRST NAME: _____

MIDDLE INITIAL: _____

ADDRESS: _____ APT: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ MILITARY SERVICE (if yes, list dates): _____ EMP ID: _____

1. EDUCATION (MOST RECENT FIRST)			
DEGREE/ CERTIFICATION	DISCIPLINE	YEAR ATTAINED	COLLEGE ATTENDED

2. EMPLOYMENT HISTORY	
POSITION TITLE	END DATE

POSITION TITLE: _____

SALARY: _____

GRANT FUNDED POSITION? NAME OF GRANT: _____

GRANT EXPIRES: _____

BUDGET ACCOUNT NUMBER: _____

UNIT & GRADE/STEP (Be specific): _____

DEPARTMENT/ DIVISION: _____

AREA: _____

FACULTY RANK (if any): _____

DISCIPLINE: _____

COMMENTS

***** PLEASE ATTACH SUPPORTING DOCUMENTS TO THIS FORM *****

APPROVALS		
1. DIRECTOR/ CHAIRPERSON (TYPE NAME)	SIGNATURE	DATE
2. AREA HEAD (TYPE NAME)	SIGNATURE	DATE
3. BUDGET Finance Department	SIGNATURE	DATE
4. PRESIDENT Dr. Augustine A. Boakye	SIGNATURE	DATE
5. EXECUTIVE DIRECTOR OF HUMAN RESOURCES Shunda L. Williams	SIGNATURE	DATE

POSITION #: _____ PTRTREA: _____ ECLS: _____ SALARY TABLE: _____
 GRADE: _____ CONTACT HOURS: _____ BANNER ACTION CODE: _____ JOB POSTING #: _____