



# PERSONNEL ACTION FORM

HR USE ONLY

Date:  Initials:   
 Record #:  Earn Code:

**REQUIRED FIELDS DENOTED BY \***

International  Revised

\*Employee Name (Last, First)  \*Employee ID #  \*Phone   
 \*Effective Date of Action  Funding End Date (if applicable)  \*Contact Name

**EMPLOYMENT:**  Initial Employment  Rehire  Summer Faculty  Overload  Intersession  Additional Pay

**CAMPUS:**  HBG  GP  Stennis  GCRL • **CLASS:**  Faculty  Staff  Retiree  GA  
 Fund  Dept ID  Program  Project  %  Position #   
 Fund  Dept ID  Program  Project  %  Position #   
 Sch/Disc/Dept  P.O. Box  Phone  Job Level  Hours Per Week   
 Job Title  Replacement for   
 Supervisor ID (Time Approver)  GA Appointment  9 Months  10 Months  12 Months  3 Months (Summer) GA Code

**STATUS:**  Regular  Temporary •  Full-time  Part-time  12-month  9-month • **TENURE STATUS:**  Tenure  Tenure Track  Non-Tenure Track  Not Eligible

**PAY GROUP:**  Monthly  Hourly  Faculty 9/9  Summer Faculty  GA • **FLSA:**  Exempt  Non-Exempt • **BENEFIT ELIGIBILITY:**  Yes  No

**RATE OF PAY:**   Annual  GA Monthly Stipend  Summer (Check One:  Teaching  Research)  4-WK1  4-WK2  Full-term **JOB POSTING #**

**MAINTENANCE ACTIONS:**  Rehire  Transfer  Promotion  Position Change  Data Change  Pay Rate Change

**FROM (CURRENT STATUS):**  HBG  GP  Stennis  GCRL • **CLASS:**  Faculty  Staff  Retiree  Student  GA • **WORK STUDY:**  CS  CS Reads  CS Math  Other

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 Sch/Disc/Dept  P.O. Box  Phone   
 Job Title  Job Level  Hours Per Week   
 Supervisor ID (Time Approver)  GA Appointment  9 Months  10 Months  12 Months  3 Months (Summer) GA Code

**STATUS:**  Full-time  Part-time •  12-month  9-month • **BENEFITS:**  Yes  No • **RATE OF PAY:**   Annual  GA Monthly Stipend  Hourly  Monthly

**TO (PROPOSED STATUS):**  HBG  GP  Stennis  GCRL • **CLASS:**  Faculty  Staff  Retiree  Student  GA • **WORK STUDY:**  CS  CS Reads  CS Math  Other

Fund  Dept ID  Program  Project  %  Position #   
 Fund  Dept ID  Program  Project  %  Position #   
 Sch/Disc/Dept  P.O. Box  Phone   
 Job Title  Job Level  Hours Per Week   
 Supervisor ID (Time Approver)  GA Appointment  9 Months  10 Months  12 Months  3 Months (Summer) GA Code   
**STATUS:**  Full-time  Part-time •  12-month  9-month • **BENEFITS:**  Yes  No • **RATE OF PAY:**   Annual  GA Monthly Stipend  Hourly  Monthly  
 Replacement for  **JOB POSTING #**

**REMARKS (for all sections)**

**APPROVALS**

Budget Authority or Principal Investigator  Date  Dean/Director  Date   
 Human Resources  Date  Vice President/Provost (if necessary)  Date   
 President  Date  ORA/OFPA  Date