

___ Appointment
___ Reappointment
___ Change of Status
___ Separation/Termination

RANDOLPH COLLEGE
PERSONNEL ACTION FORM

I PERSONAL INFORMATION

Employee Name: Last _____ First _____ Middle _____ M _____ PawPass Number _____

Department _____ Campus Address (Building/Room #) _____ Campus Phone _____

Personal email address _____ The state where physically working _____

II CLASSIFICATION

Proposed Title/Rank
 Faculty Salaried Staff Hourly Staff

Effective Date For This Action
 Grad Non-Teaching Asst Non-employee
 Tenure Eligible Grad Teaching Asst Adjunct Faculty
 Non-Tenure Eligible Student Employee College Associate

III ASSIGNMENT STATUS

Check One:
___ Regular, Full-Time (Must work 2080 hours annually)
___ Part-Time, Regular, Limited to 1560 Hours (.74)
___ Part-Time, Regular, Limited to 1000 Hours (.50)
___ Part-time, Occasional, Irregular, or Short-term assignments (.50)

Check One:
___ Academic Year FTE _____ %
___ Fiscal Year
___ Academic Semester Fall Spring Summer
Period of Appointment: From _____ To _____

If less than 1.0 FTE # of weeks/year # of hours/week Total Hours Annually

IV NATURE OF ACTION

Check All that Apply:		Separation/Termination
<input type="checkbox"/> Appointment	Effective Date: _____	Last Actual Day Worked: _____
<input type="checkbox"/> Reappointment	Effective Date: _____	Resignation
Change of Status		Retirement
<input type="checkbox"/> Promotion/Rank Change	Effective Date: _____	Involuntary Termination
<input type="checkbox"/> Transfer	Effective Date: _____	Faculty Non-Reappointment
Leave: From: _____ To: _____		Compensation
<input type="checkbox"/> Leave With Pay		Salary Adjustment Prior Rate of Pay: _____
<input type="checkbox"/> Leave Without Pay, w/Benefits	<input type="checkbox"/> Leave Without Pay, no Benefit	Supplemental Compensation (exempt employees only)
Educational Leave _____ Sabbatical Leave _____ Administrative Leave _____		Other (explain in Comments)

V FORM INFORMATION

_____ Person Completing PAF _____ New Form Revised Form

Form Completion Date _____

VI REPORTING INFORMATION

For all new hires, promotions & transfers only:

Reports to: _____ Title: _____

VII TIME AND LEAVE REPORTING AND APPROVAL

_____ Web Time Entry **or** Departmental Time Entry

Time Sheet/Leave Report Approver for this employee _____

VIII SALARY INFORMATION

Compensation:
Amount \$ _____ Annual Hourly Semester One Payment Monthly N/A

Dept	Area	Account	Fund	Program	Percent	Pay Code
_____	_____	_____	_____	_____	_____ %	_____
_____	_____	_____	_____	_____	_____ %	_____
_____	_____	_____	_____	_____	_____ %	_____

IX JUSTIFICATION OR COMMENTS

HR Use Only
Initial & Date _____
IPED Code: _____
Ins. Premium: _____
_____ Update Org Chart

X APPROVAL

Department Head/Director _____ Date _____	VPFA _____ Date _____
Senior Staff Member _____ Date _____	President _____ Date _____
Director of Human Resources _____ Date _____	