SPELMAN COLLEGE
PERSONNEL ACTION FORM

SECTION I

Name: (Last, First, Middle)	SSN:

Job Title:	Supervisor:	Department:

☐ Exempt ☐ Non-exempt	☐ Full-time ☐ Part-time	☐ Spelman Faculty ☐ Spelman Staff *or*	☐ Spelman Temporary ☐ Spelman Student	Employee Class:

REASON FOR ACTION/CHANGE

☐ Hire	☐ Title Change	☐ Salary Change	☐ Termination
Effective Date: _____ ☐ New Hire ☐ Initial Appointment (Faculty) Replacing: ☐ Re-appointment ☐ Temporary ☐ Rehire ☐ Temp to Hire Hire Date Adjustment Qualified: ☐ Yes or ☐ No Adjusted Hire Date: _____	Effective Date: _____ ☐ Promotion ☐ Transfer ☐ Demotion ☐ Reclassification ☐ Other (please specify):	Effective Date: _____ ☐ Promotion ☐ Merit Increase ☐ Transfer ☐ Demotion ☐ Other (please specify):	Effective Date: _____ Term Code: _____ ☐ Pay all accrued, but unused vacation through term date. Severance Pay: ☐ Yes or ☐ No Amount: _____ Date to Pay Severance: _____

☐ Leave of Absence	☐ Budget Info Change	☐ Special Pay
Effective Date: _____ ☐ FMLA ☐ Other Leave Type _____ ☐ Paid ☐ Unpaid or ☐ Both ☐ With Benefits ☐ Return from LOA	Effective Date: _____ ☐ New Budget Code ☐ New Position Number Enter new information in section II below	Effective Date: _____ Amount: _____ Reason: _____

100% Soft Money: ☐ Yes or ☐ No	Misc. Info.

SECTION II

Position Number: _____	Job Begin Date: _____	Job End Date: _____

Job Type: ☐ Primary ☐ Secondary	Suffix Number (For use by Payroll Dept. Only):

☐ Salary Rate: _____	☐ Hourly Rate: _____	Hours Per Pay Period: _____

Job Labor Distribution:

COA: ___	FUND: ___	ORGN: ___	ACCT: ___	% ___	Begin Date: ___	End Date: ___
COA: ___	FUND: ___	ORGN: ___	ACCT: ___	% ___	Begin Date: ___	End Date: ___
COA: ___	FUND: ___	ORGN: ___	ACCT: ___	% ___	Begin Date: ___	End Date: ___

☐ 12-Month Position, Salary Paid Over 12 Months ☐ 10-Month Position, Salary Paid Over 12 Months ☐ 10-Month Position, Salary Paid Over 10 Months	☐ 9-Month Position, Salary Paid Over 9 Months ☐ Summer Employment ☐ Other Pay Schedule (Explain): _____	Pay Cycle: ☐ Monthly ☐ Bi-weekly ☐ Semi-Monthly

SECTION III

Other Personnel Action or Special Pay Explanation:

Begin Date: _____ End Date: _____

SECTION IV

Recommended By:	Date:	Director of Budgets & Contracts:	Date:
Provost/President:	Date:	VP for Business & Financial Affairs:	Date:

FOR HR/PROVOST OFFICE USE ONLY

HOME ADDRESS:	CITY, STATE ZIP