

FSU PERSONNEL ACTION FORM

| | | | | | |
|-----------------|--|---------------------|--|------------------------------------|--|
| Empl ID: | | Empl Rcd No: | | Transaction Effective Date: | |
|-----------------|--|---------------------|--|------------------------------------|--|

Last Name: _____ **MI:** _____ **First Name:** _____

U.S. Citizen? RA? NRA? **Visa Expiration Date:** _____
Visa Type: _____

Employee Type: OPS Non-FAC OPS FAC USPS A&P Faculty Exec Svc **FWS**

PERSONNEL ACTION: Original Appt Transfer Salary Chg Termination (Complete Term Section Below)
 Addl Appt Status Chg Funding Chg Other (see comments)

Status/Standard Hours Details:

| | |
|--|-------------------------------|
| Current / New | Current / New |
| Standard Hours (Weekly): _____ / _____ | Employee Class: _____ / _____ |
| OPS Supervisor Empl ID: _____ / _____ | Admin Code: _____ / _____ |

Position/Department Details:

| | |
|-----------------------------|--------------------------|
| Current Information: | New Information: |
| Position Number: _____ | Position Number: _____ |
| Department Number: _____ | Department Number: _____ |
| Department Name: _____ | Department Name: _____ |
| Location: _____ | Location: _____ |
| Job Code: _____ | Job Code: _____ |
| Job Title: _____ | Job Title: _____ |

Salary Change Information - Retroactive Only - All others use ePAF

Salary Change Reason: _____

| | Hourly /Biweekly | Annual/Contract Amount | Period Amount |
|----------------|------------------|------------------------|---------------|
| Current Salary | \$ _____ | \$ _____ | \$ _____ |
| New Salary | \$ _____ | \$ _____ | \$ _____ |

Funding Details:

| Funding Begin Date | Distribution % | Funding Account Code | Funding End Date |
|--------------------|----------------|----------------------|------------------|
| | | | |

Note: If additional funding accounts are required, attach an addendum with the required additional funding information. Funding distribution must equal 100% for any funding period.

Termination:

Last Day in Pay Status: _____ Termination Reason: _____

Originator (prepared by): _____ **Phone:** _____

Comments:

Reviewed and Approved By:

| | |
|--|-------------|
| Principal Investigator: _____ | Date: _____ |
| Department Chair: _____ | Date: _____ |
| Faculty Development & Advancement / President: _____ | Date: _____ |
| Academic Dean/Director/Vice President: _____ | Date: _____ |