

FSU PERSONNEL ACTION FORM

Empl ID:		Empl Rcd No:		Transaction Effective Date:	
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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*
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: _____