

PERSONNEL ACTION FORM

PERSONAL INFORMATION

Title (Optional)

- (Dr.)
- (Mr.)
- (Ms.)
- (Mrs.)

Name _____
Last
First
M.I.

Employee ID # _____

Address: _____

Telephone No. _____

Concurrently Employed

If Yes, by: Bethune-Cookman University Full-time
 Other (Please specify) _____ Part-time

Self Employed

Previously Employed by Bethune-Cookman University? YES

NO

Dates of Employment _____

CLASSIFICATION

Title/Rank

Faculty :

- Tenure eligible
- Non-tenure eligible
- Adjunct

Staff:

- Administrative/Professional Staff
- Support Staff

APPOINTMENTS

Transfer

From _____
 To _____

Reclassification

From _____
 To _____

Other:
 Specify _____

SEPARATION/TERMINATION

Resignation (letter attached)

Retirement (letter attached)

Involuntary Termination

(Attach documentation)

Non-reappointment	Yes	No
Leave of Absence	Yes	No
Death	Yes	No
Suspension	Yes	No

Other:
 Specify _____

SALARY ADJUSTMENT

Special Increment

Other: Specify _____

Change in Personal Data:

- Legal Name
- Mailing Address
- Other
- Specify _____

APPOINTMENT START DATE _____

APPOINTMENT END DATE _____

Effective Date of Action

Rate of Pay; _____

Term End Date

Permanent
 Probationary

Date Probation Ends _____

Approvals:

Chairperson/Supervisor

Date

Appropriate Dean/Sector Vice President

Date

Provost (if applicable)

Date

President

Date

FOR BUDGET USE ONLY

LINE NO.

DEPT.CHARGE CODE

Signature

Date

FOR HUMAN RESOURCES USE ONLY

RECEIVED

POSITION NO.

ENTERED IN JENZABAR & PAYCOR

Signature

Date

FOR PAYROLL USE ONLY

RECEIVED

ENTERED ON PAYROLL

EFFECTIVE

Signature

Date