

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:	Staff:
Tenure eligible	Administrative/Professional Staff
Non-tenure eligible	Support Staff
Adjunct	

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

Term End Date

Rate of Pay; _____

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
 EFFECTIVE

RECEIVED	ENTERED ON PAYROLL	
		Signature _____ Date _____