

PERSONNEL ACTION FORM

UID:	Last Name:		First Name:		
Employment Type					
AP	FA I	NTT (incl. Emeri	ti and Adjunct)	Overload (NTT/TT/AP/CS/FA)	
overloads, departm	ents must submit	a Position and Fur	iding Request along	iring actions. For NTT appointments and all with this form. Departments are required to at Consultant with any questions.	
Rehire-Rehire: Form Pay Rate Change-FT Hire-Non Ben. Eligib	act Extend: Renewin er ISU employee ret E: Change in FTE able: Current ISU Em	g non-continuous em urning after break in ployee with HR-appr	ployees prior to their employment oved second job or ov rry position or overloa	end date (spring to fall, fall to spring) erload d	
Appointment Details					
Start Date End Date					
Action/Reason			Reports To Position		
Department			Employee Class		
Position Number	er	Job Code	FTE (x.	xx)	
Title			Monthly Rate		
Comments			Months	Term	
		H	R Use Only		
Empl. Record	EEOC Info		•	o. Waiver Expires	
SURS Ind	Vac/Sick (Override	_ Grant (Y/N)	
Contract	Clauses _	Co	ontract Pay (Y / N) Notify	
Retro (Y) Ro	eason: Dept.	HR Gran	ts Salary Plann	er SURS Work Auth. Other	
VP & Provost:		D	ate:	Print Name:	
Company (Chair / Disc		_	Signatures	Daint Name	
Supervisor/Chair/Dire	<u></u>		Date:	_ Print Name	
Dean/AVP/VP:			Date:	_ Print Name	
Primary Pos'n Sup. (O	verload only):		Date:	_ Print Name	
Human Resources:			Date:	Print Name	