

Appointment  
 Reappointment  
 Change of Status  
 Separation/Termination

**MISSOURI STATE UNIVERSITY  
PERSONNEL ACTION FORM**



<b>I PERSONAL INFORMATION</b>	Employee Name: Last _____ First _____ Middle _____ M _____ BearPass Number _____			
	Department _____		Campus Address (Building/Room # ) _____ Campus Phone _____	
	Personal email address _____		The state where physically working _____	

<b>II CLASSIFICATION</b>	<b>Proposed Title/Rank</b>		<b>Effective Date For This Action</b>		
	<input type="checkbox"/> Faculty	<input type="checkbox"/> Administrative/Professional	<input type="checkbox"/> Support Staff	<input type="checkbox"/> Grad Non-Teaching Asst	<input type="checkbox"/> Non-employee
	<input type="checkbox"/> Tenure Eligible	<input type="checkbox"/> Non-Tenure Eligible	<input type="checkbox"/> Grad Teaching Asst	<input type="checkbox"/> Grad Research Asst	<input type="checkbox"/> Adjunct Faculty

<b>III ASSIGNMENT STATUS</b>	<b>Check One:</b>		<b>Check One:</b>	
	<input type="checkbox"/> Regular, Full-Time <input type="checkbox"/> Part-Time, Regular, Limited to 1560 Hours (.74) <input type="checkbox"/> Part-Time, Regular, Limited to 1000 Hours (.50) <input type="checkbox"/> Part-time, Occasional, Irregular, or Short-term assignments (.50)		<input type="checkbox"/> Academic Year FTE _____ % <input type="checkbox"/> Fiscal Year <input type="checkbox"/> Academic Semester <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	
	<b>Period of Appointment or Service: From _____ To _____</b>			

<b>IV NATURE OF ACTION</b>	<b>Check All that Apply:</b>		<b>Separation/Termination</b>	
	<input type="checkbox"/> Appointment		Last Actual Day Worked: _____	
	<input type="checkbox"/> Reappointment		Resignation	
	<b>Change of Status</b>		Retirement	
	<input type="checkbox"/> Promotion/Rank Change		Involuntary Termination	
	<input type="checkbox"/> Transfer		Faculty Non-Reappointment	
	<b>Leave: From: _____ To: _____</b>		<b>Compensation</b>	
	<input type="checkbox"/> Leave With Pay		Salary Adjustment	
<input type="checkbox"/> Leave Without Pay, w/Benefits	<input type="checkbox"/> Leave Without Pay, no Benefit	Supplemental Compensation (exempt employees only)		
Educational Leave <input type="checkbox"/> Sabbatical Leave <input type="checkbox"/> Administrative Leave <input type="checkbox"/>		Other (explain in Comments) _____		

<b>V FORM INFORMATION</b>	Person Completing PAF _____ <input type="checkbox"/> New Form <input type="checkbox"/> Revised Form	
	Form Completion Date _____	

<b>VI REPORTING INFORMATION</b>	<b>For all new hires, promotions &amp; transfers only:</b>		
	Reports to: _____	M _____	Title: _____

<b>VII TIME AND LEAVE REPORTING AND APPROVAL</b>	_____ TS <input type="checkbox"/> <input type="checkbox"/> Web Time Entry <b>or</b> <input type="checkbox"/> Departmental Time Entry
	Time Sheet/Leave Report Approver for this employee _____ TS Org # _____
	If this employee is a new Time Sheet and/or Leave Report Approver or new Dept Time Entry Originator, complete and submit Authorization Form to Payroll.

<b>VIII SALARY INFORMATION</b>	<b>Compensation:</b>					
	Amount \$ _____ <input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Semester <input type="checkbox"/> One Payment <input type="checkbox"/> Monthly <input type="checkbox"/> N/A					
	<b>Fund</b>	<b>Org</b>	<b>Account</b>	<b>Program</b>	<b>Activity Code</b>	<b>Percent</b>
	_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ %
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ %	
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ %	

<b>IX JUSTIFICATION OR COMMENTS</b>	_____
	_____
	_____

Budget Office Use Only Initial & Date _____ Position # _____ Pclass # _____ <input type="checkbox"/> Board Action Required
--

<b>X APPROVAL</b>			
Department Head/Director _____	Date _____	Major Administrator _____	Date _____
Dean _____	Date _____	Director of Human Resources _____	Date _____