



**HUMAN RESOURCES**  
**Personnel Action Form**  
**Part-time Teaching/Summer Sessions**

Empl ID or  
SS# if New Hire: **123456**

Date Prepared: **4/1/14**

Preparer's Initials: **ABC**

NAME (Last, First, MI)	Snow, Lilly A
FT EMPLOYEE OR RETIREE (if FT, indicate FT title; if returning retiree, indicate "retired" or "emeritus")	
TERM CODE and YEAR (Choose One) For "OTH See Dates Below" refer to Odd Date guidelines	Spring 2014 1/13/14 - 5/11/14
ACTION CODE (Choose One)	REH Rehire
DEPARTMENT OF TEACHING OR ACTIVITY	Curricular & Instructional Studies
TAX LOCATION (city and state where teaching, if other than Akron)	
RANK, PT LECTURER LEVEL, OR TITLE	AAF Only
ACCOUNT CODE (if other than 100%, list distribution percentages)	201340
RATE PER LOAD HOUR	0
TOTAL PAID LOAD	0
SALARY FOR TERM/BASIS	0

EMPLOYMENT DATA	Building	Room	Phone	Zip + 4	Supervisor
	ZOOK	130	7756	4205	XXXXXX

TRANS	TYPE	DEPT	CRS	SCT	COURSE/DESC/GRANT TITLE	ENROLL	ACTUAL LOAD	PAID LOAD	COURSE TYPE	DL USE ONLY TECH USED
A	T	5500	591	903	Grant Writing	15	3.00	0.00	LEC	

Assistant, Associate, Senior and Special Lecturers agree to comply with the policies, rules and regulations of the University, as adopted and from time to time amended pertaining to part-time faculty appointments, including but not limited to, the administrative and academic requirements of the Sr. VP and Provost. Such rules and regulations are set forth in the University's Board of Trustees rules which are incorporated by reference as if fully rewritten herein. Rule numbers include but are not limited to 3359-11 et seq. and 3359-20 et seq.

Part-time faculty members are expected to work no more than twenty-nine (29) hours per week in combination of all assignments at The University of Akron (includes all campuses/locations). Two (2) hours of preparation /grading time for each load hour assigned above can be credited toward the 29 hours per week limit. Weekly hours in excess of 29 must be pre-approved by the department chair or immediate supervisor. Actual hours worked per week must be reported to the department chair or immediate supervisor on a regular basis.

**COMMENTS:**

**APPROVAL SIGNATURE(S)/DATE**

(1) Supervisor (if FT CP or Staff to acknowledge no conflict with reg FT duties) (date)

(4) Dean (initiating unit) → Dean (home college if different from initiating unit) (date)

(2) Employee (Part-time Only) (date)

(5) Controller's Office (if grant supported) (date)

(3) Dept Chair/Director (date)

(6) Sr. VP and Provost (date)

**FULLY APPROVED PERSONNEL ACTION FORMS SHOULD BE FORWARDED TO HUMAN RESOURCES FOR PROCESSING**  
HR Use Only