



## Villanova University Personnel Action Form

Employee Name:		Employee ID:	
Dept Name:		Job Title:	
Date of Hire:	Position Control #:	Org/Index/Account:	

### Change of Employment Status

VP and department head approval required for any change to hours worked

Effective date of Change: <input type="checkbox"/> Change of Hours Scheduled: <input type="checkbox"/> Change from FT to PT status <input type="checkbox"/> Change from PT to FT status Hrs/wk:          Wks/yr:          Months/yr:	9/10/11 month positions:
	<input type="checkbox"/> Position Ends for Summer effective:
	<input type="checkbox"/> Position Returns effective:
Other (including reporting relationships):	

### Salary Adjustments

VP, department head, and prior HR approval required for any changes with a salary adjustment.

This form NOT required if the position was posted and filled internally through the on-line hiring site.

<input type="checkbox"/> Promotion	<input type="checkbox"/> Transfer
<input type="checkbox"/> Market Equity Adjustment	<input type="checkbox"/> Temporary Hire
Effective Date of Change:	New Salary:
New Title:	New Salary Band, if applicable:
New Position Control #:	New Org/Index/Account:
Funding Source:	Budget adjustment sent on:

### Termination of Employment

No approvals required; please send the employee's original letter of resignation to HR via inter-office mail.

Note that an employee's last day cannot be a vacation day or a university holiday.

Effective date: (last day employee will work):	Would you rehire?
Vacation Days Unused this year:	Reason Employee is leaving:

### Leaves of Absence

Manager must initiate, completing employee information and this section.

<input type="checkbox"/> Unpaid Medical Leave	<input type="checkbox"/> Unpaid Leave of Absence
<input type="checkbox"/> Short Term Disability	<input type="checkbox"/> Military Leave
<input type="checkbox"/> Long Term Disability	<input type="checkbox"/> Workers' Comp Leave
<input type="checkbox"/> FMLA Last day worked	Employment Status (FT/PT):
Work Schedule (days and hours worked):	
Payroll Instructions:	<input type="checkbox"/> Days <input type="checkbox"/> Hours Vacation Available:          Sick Available:

Comments:		
Form Initiated by:	Date:	
Reviewed by Human Resources:	Date:	
Approved by Compensation:	Date:	
Approved by Budget Office:	Date:	
Compensation & Budget Reviewed by HR:	Date:	
Approved by Senior Leadership/Provost:	Date:	