

___ Appointment
___ Reappointment
___ Change of Status
___ Separation/Termination

MISSOURI STATE UNIVERSITY
PERSONNEL ACTION FORM



I PERSONAL INFORMATION	Employee Name: Last _____ First _____ Middle _____ M _____ BearPass Number _____					
	Home Address Street _____		City _____	State _____ Zip _____	Date of Birth _____	
	Campus Address (Building/Room #) _____		Campus Phone _____	Department _____		
	Previously Employed at Missouri State? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when _____					
	<input type="checkbox"/> New Position <input type="checkbox"/> Replacement <input type="checkbox"/> Part-Time _____ Replacement for (Name) _____					
II CLASSIFICATION	Proposed Title/Rank _____		Effective Date _____			
	<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"/> Grad Teaching Asst <input type="checkbox"/> Adjunct Faculty <input type="checkbox"/> Non-Tenure Eligible <input type="checkbox"/> Grad Research Asst <input type="checkbox"/> University Associate					
III ASSIGNMENT STATUS	Check One: ___ Regular, Full-Time ___ Part-Time, Regular, Limited to 1560 Hours (.74) ___ Part-Time, Regular, Limited to 1000 Hours (.50) ___ Part-time, Occasional, Irregular, or Short-term assignments (.50)		Check One: ___ Academic Year FTE _____ % ___ Fiscal Year ___ Academic Semester <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer			
	Period of Appointment or Service: From _____ To _____					
IV NATURE OF ACTION	Check All that Apply:		Separation/Termination			
	<input type="checkbox"/> Appointment		Last Actual Day Worked: _____			
	<input type="checkbox"/> Reappointment		Resignation _____			
	Change of Status		Retirement _____			
	<input type="checkbox"/> Promotion/Rank Change		Involuntary Termination _____			
	<input type="checkbox"/> Transfer		Faculty Non-Reappointment _____			
	Leave: From: _____ To: _____		Compensation			
	<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) _____				
<input type="checkbox"/> Educational Leave <input type="checkbox"/> Sabbatical Leave <input type="checkbox"/> Administrative Leave		Other (explain in Comments) _____				
V FORM INFORMATION	<input type="checkbox"/> New Form <input type="checkbox"/> Revised Form, Explain _____					
	Form Completion Date _____ Person completing this PAF _____					
VI TIME AND LEAVE REPORTING AND APPROVAL	Time Sheet/Leave Report Approver for this employee TS _____ <input type="checkbox"/> Web Time Entry or <input type="checkbox"/> Departmental Time Entry 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.					
VII SALARY INFORMATION	Compensation: 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					
	Fund	Org	Account	Program	Activity Code	Percent
	_____	_____	_____	_____	_____	_____ %
	_____	_____	_____	_____	_____	_____ %
VIII JUSTIFICATION OR COMMENTS	_____ _____ _____					

Budget Office Use Only
Initial & Date _____
Position # _____
Pclass # _____
_____ Board Action Required

IX APPROVAL

Department Head/Director _____	Date _____	Major Administrator _____	Date _____
Dean _____	Date _____	Director of Human Resources _____	Date _____