

- 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 _____			
	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) _____			

<b>II CLASSIFICATION</b>	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"/> Tenure Eligible	<input type="checkbox"/> Non-Tenure Eligible	<input type="checkbox"/> Grad Teaching Asst	<input type="checkbox"/> University Associate

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

<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:</b> From: _____ To: _____		<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)	
<input type="checkbox"/> Educational Leave <input type="checkbox"/> Sabbatical Leave <input type="checkbox"/> Administrative Leave		Other (explain in Comments)		

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

<b>VI TIME AND LEAVE REPORTING AND APPROVAL</b>	Time Sheet/Leave Report Approver for this employee _____ TS <input type="checkbox"/> _____ <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.	

<b>VII 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>VIII JUSTIFICATION OR COMMENTS</b>	_____
	_____
	_____

<b>Budget Office Use Only</b>
Initial & Date _____
Position # _____
Pclass # _____
Board Action Required _____

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