



HUMAN RESOURCES

Personnel Action Form

Hire/Rehire

Sample: Hire FT Faculty Temporary

Empl ID or
SS# if New Hire: 1234567

Date Prepared: 12/1/2009

Preparer's Initials: LKM

PERSONAL DATA

Prefix	First Name	M.I.	Last Name	Suffix
MR.	JOHN	M.	DOE	
Street Address		City	State	Postal Code
1234 ANY STREET		AKRON	OH	44325

JOB DATA

Start Date	End Date (if temp)	Action	Reason	Fac Tenure Elig Date
1/11/2010	5/8/2010	HIRE	TMP- TEMP (END DATE)	
Job Req #	Position # (reg)	New or Indicate Previous Incumbent	Job Function	Job Family
4231		J. SMITH	FACULTY	TEF - TEACHING FAC
Campus and Department		Temp/Reg	Full Time/ Part Time	Standard Hours
AKRON NURSING		TEMP	FULL TIME	40
Primary Title INSTRUCTOR				
Secondary Title(s)				

COMPENSATION

	Current information		Current information	Resource Analysis & Budgeting :	
Base Contract Rate	\$63,000.00	Account - %	1-23456 100%	If applicable please indicate the additional funding source(s) other than or in addition to originally approved budget:	
Contract Basis	9-month				
Grade					
Bargaining Unit	AAUP Am Assoc Univ Prof			Account/Position Number	Amount
Admin stipends: Amount:		Stipend Account - %:			
Stipend Basis:					

EMPLOYMENT DATA

Building/Room	Campus Phone	Campus Zip+4	First Level Supervisor
MGH 201	5432	3701	M. WINEMAN

COMMENTS OR CONTINGENCIES

Note: For Faculty and Contract Professionals, attach a copy of the JRF, Compliance Part II, signed letter of offer, resume and (if applicable) Search Waiver.

SIGNATURE APPROVALS

Department Chair/Director	Date	Dean	Date
Vice President/Provost/President	Date	Appointing Authority	Date

HUMAN RESOURCES USE ONLY

In HR	BOT Date	Proc. By	Prob End	Fair Sh.	To RPBB	Ret Sys	Job Code	SPRC Approval

Budget Funds Available

Controller Funds Available

Date

Date