



Human Resources
Part-time Teaching/Summer Sessions
Personnel Action Form
Sample: Part-Time Faculty Termination

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

Date Prepared: **4/1/16**

Preparer's Name: **ABC**

NAME (Last, First, MI)	Doe, John
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	From: Spring 2016 To: 1/18/16 - 4/3/2016
ACTION CODE (Choose One)	TER Termination
DEPARTMENT OF TEACHING OR ACTIVITY	English
TAX LOCATION (city, state & percentage where teaching, if other than 100% Akron. Example: Orville 50%, Akron 50%)	
RANK, PT LECTURER LEVEL, OR TITLE	Assistant Lecturer
ACCOUNT CODE (if other than 100%, list distribution percentages)	201234
RATE PER LOAD HOUR	\$600
TOTAL PAID LOAD	From: 4 To: 2.75*
SALARY FOR TERM/BASIS	From: \$2400 To: \$1,650 (11 wks @ \$150/week)

EMPLOYMENT DATA	Building	Room	Phone	Zip + 4	Supervisor
	OLIN	301	1234	1906	XXXXXX

ACTIVITY (Use TRANS column for changes C=Change,D=Drop,A=Add)										
TRANS	TYPE	DEPT	CRS	SCT	COURSE/DESC/GRANT TITLE	ENROLL	ACTUAL LOAD	PAID LOAD	COURSE TYPE	DL USE ONLY TECH USED
A	T	3330	432	001	Intro to English	32	4.00	2.75	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: Resignation letter attached- last day worked 4/1/16. Formula for new paid load: (original load/16) x # weeks worked. NOTE: Use 16 weeks for Spring and 15 weeks for Fall.

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	