



UNIVERSITY OF NORTH ALABAMA
PERSONNEL ACTION FORM
for the Office of Sponsored Programs Only

Proposed Effective
Date:

Date Prepared:
Form Originator:
Phone:

1. EMPLOYEE INFORMATION:

NEW HIRE *(To issue contract to work)*

CONTRACT EXTENSION

Name: _____ Email Address: _____
Phone: (H): _____ (C): _____ L# *(if current employee)*: _____

(Address, DOB, and SSN needed if NEW HIRE ONLY)

Address: _____ DOB: _____ SSN: _____

2. PROPOSED POSITION INFORMATION:

Position Title: _____ Name of Time/Leave Approver: _____
Department/Office Name: _____ Grade (if classified): _____ Rate of Pay: _____
Grant/Contract Program Title/Name: _____
Payment Frequency: _____ Start Date: _____ End Date: _____

3. REASON FOR ACTION:

Grant/Contract Salary: _____
Stipend: *(specify purpose)* _____
One-Time Payment: *(specify purpose)* _____
Other: *(specify)* _____

4. PROPOSED EMPLOYEE STATUS:

a. Employee Status: _____ b. Employment Type: _____ c. Employee Type: _____
of Hours Worked *(if part-time)* _____
d. Other: *(attach proposed documents)* _____

6. PAYMENT INFORMATION: *(use one line for each payment – DO NOT COMBINE)*

PAYMENT TYPE	FUND	ORGN	GRANT ACCT	PROG	PERCENTAGE	DOLLAR AMOUNT
Grant/Contract Payment						
Grant/Contract Payment						
Grant/Contract Payment						
Grant/Contract Payment						
Grant/Contract Payment						
Start Date: _____	End Date: _____	TOTALS				

7. APPROVALS:

1. _____ Date _____
Form Originator Signature

2. _____ Date _____
Principal Investigator/Financial Designee on Grant Contract

3. _____ Date _____
Director, Sponsored Programs Signature

4. _____ Date _____
Grants Accountant

5. _____ Date _____
Vice President Signature (required only for payment amounts over \$1,000)

6. _____ Date _____
Vice President for Business and Financial Affairs Signature (required only if Controller has not signed)

7. _____ Date _____
Controller Signature (required only if Vice President for Business and Financial Affairs has not signed)

8. _____ Date _____
Assistant Vice President for Human Resources

NOTE: * Individuals must attach time and effort reporting documents.

** PAF's charged to grants will be paid the month proceeding the month labor is incurred. Completed PAF's for labor expenses incurred in the previous month must be submitted to the Office of Business Affairs by the 10th of the current month in order for payroll to process the requested payment by the 24th of the current month.