



**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:			<b>TOTALS</b>		

**7. APPROVALS:**

1. \_\_\_\_\_ Date \_\_\_\_\_  
*Form Originator Signature*

2. \_\_\_\_\_ Date \_\_\_\_\_  
*Principal Investigator/Financial Designee on Grant Contract*

4. \_\_\_\_\_ Date \_\_\_\_\_  
*Director, Sponsored Programs Signature*

5. \_\_\_\_\_ Date \_\_\_\_\_  
*Grants Accountant*

6. \_\_\_\_\_ Date \_\_\_\_\_  
*Vice President Signature (required only for payment amounts over \$1,000)*

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

8. \_\_\_\_\_ 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 preceding 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 10<sup>th</sup> of the current month in order for payroll to process the requested payment by the 24<sup>th</sup> of the current month.