



**UNIVERSITY OF NORTH ALABAMA
PERSONNEL/NEW HIRE ACTION FORM**

Proposed Effective
Date:

Date Prepared:
Form Originator:
Phone:

1. EMPLOYEE INFORMATION:

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: _____
Payment Frequency: _____ Start Date: _____ End Date: _____

3. REASON FOR ACTION: *(Check all that apply.)*

New Hire Appointment (Continuous) Terminal Appointment Contract Extension Continuing Studies Graduate Faculty
Transfer Change in Hours Worked Research Professional Distance Learning Terminal Degree/ Teaching Field
Stipend: *(specify purpose)* One-Time Payment: *(specify purpose)*
Other: *(specify)*

4. PROPOSED EMPLOYEE STATUS: *(Choose one from a, b, and c if NEW HIRE ONLY.)*

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

5. PROPOSED FACULTY TYPE: *(Choose one from each section that applies if REGULAR, FACULTY NEW HIRE ONLY. Not required for ADJUNCT NEW HIRES.)*

e. Tenure Status: _____ f. Appointment Type: _____ g. Rank: _____
h. Faculty Type: _____ COB Faculty Type Only: _____
CIP Code(s) of Highest and/or Qualifying Degree: _____
Application Date for Tenure: _____ Application Date for Promotion to Associate Professor: _____
Earliest Application Date for Promotion to Professor: _____

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

PAYMENT TYPE	FUND	ORGN	ACCT	PROG	COURSE NUMBER/ SECTION	# OF STUDENTS	CREDIT/CONTACT HOURS	DOLLAR AMOUNT
				TOTALS				

7. APPROVALS:

1. _____ Date _____
Form Originator Signature

2. _____ Date _____
Department Chair or Supervisor Signature (if not Originator)

3. _____ Date _____
Dean or Director Signature (if not Originator)

4. _____ Date _____
Vice President Signature

5. _____ Date _____
Vice President for Business and Financial Affairs Signature

6. _____ Date _____
Controller Signature

7. _____ Date _____
Assistant Vice President for Human Resources

8. _____ Date _____
President Signature