

# University of North Georgia

## Personnel Action Form

Last Name	First Name	Middle Name/MI	Employee ID#	Budgeted Position #	Budgeted Salary

Department	Division/Parent Unit	Campus	Reports To (Name of Supervisor)

Effective Date	Action	Reason
	<i>Start Work</i>	
	<i>Stop Work</i>	
	<i>Modification</i>	
Start Date:	<b>Additional Assignment** / Additional Compensation (FACULTY)</b>	Justification:
End Date:		
Start Date:	<b>Additional Assignment / Additional Compensation (STAFF)</b>	Justification:
End Date:		

\*\*For faculty with additional assignments or part-time faculty, please provide course names, crn numbers, and number of credit hours in the Comment section below.

Job Code	Job Title	Pay Grade	FTE

### Payroll Info

<input type="checkbox"/> Exempt	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Regular	<input type="checkbox"/> 12-Month Faculty	<input type="checkbox"/> 10-Month Faculty	<input type="checkbox"/> PT/Adjunct Faculty	
<input type="checkbox"/> Non-Exempt	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Staff / Hourly	<input type="checkbox"/> Professional/Admin	<input type="checkbox"/> Graduate Asst	
		<input type="checkbox"/> Limited Term	<input type="checkbox"/> Administrator (Dean, Associate VP, VP, President)		<input type="checkbox"/> Tenure Track (Faculty Only)	
Pay Rate/Salary	If Staff/Hourly	If Part-Time/Adjunct Faculty or Graduate Asst or Lump Sum Payment	If 12-Month Faculty, 10-Month Faculty, Professional/Admin, or Administrator	If Part-Time/Adjunct Faculty or Graduate Asst or Lump Sum Payment	Pay Frequency	
	<input type="checkbox"/> Hourly Rt	<input type="checkbox"/> Monthly Rate	<input type="checkbox"/> Annual Rate	<input type="checkbox"/> Semester Rate	<input type="checkbox"/> Biweekly	<input type="checkbox"/> Monthly
					<input type="checkbox"/> Single Lump Sum Payment	

### Budget Info

Budget Acct# (Ex. 10000 4011000 16300 11000) <small>(See Chart of Accounts)</small>	Position funded by grant? Yes <input type="checkbox"/> No <input type="checkbox"/>	Benefitted Position <input type="checkbox"/> Yes <input type="checkbox"/> No
	Grant Number:	

### Comments:

Print Name	Signature	Date
Prepared by		
Department Head		
Dean		
VP/Administrative Officer		
VPBF/Budget Manager		
Human Resources		
HRIS		