

University of Arkansas at Little Rock Personnel Action Form

This form *must* be typed

(Instructions available at <http://ualr.edu/humanresources/index.php/home/forms/>)

1.) Date: _____
 Contact Person: _____
 Phone: _____
 e-mail: _____ @ualr.edu

2.) Employee Name _____ SSN _____ T # _____
 Last First MI

3.) Reason for Action: New Employee Reappointment Change in Status Other _____ Position # _____
 Termination Retirement Last Day Worked _____ Job Termination Date _____
 Explanation: _____

4.) Employee Classification: Full-time Part-time _____ %
 Non-instructional employee: Classified Grad Assistant Stipend Non-Classified (non-faculty) Non-Classified (faculty)
 Instructional employee: Faculty Lecturer/Adjunct
 Hourly employee: Total hours worked **cannot** exceed 1500 per fiscal year. Hourly Labor Work Study

5.) Instructional Employees only:
 9 month 10.5 month 12 month Semester Other

6.) Proposed Status: Home Org _____ WTE Org _____
 Department/Unit Name: _____
 Position Title: _____ Annual Salary OR Hourly Rate: _____

Effective Dates	Fund	Org	Acct	Prog	Actv	Loc	% Salary	Dollars Encumbered
_____ to _____	_____	_____	_____	_____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____	_____	_____	_____	_____
Total:								\$ _____

7.) Current Status:
 Department/Unit Name: _____
 Position Title: _____ Annual Salary OR Hourly Rate: _____

Effective Dates	Fund	Org	Acct	Prog	Actv	Loc	% Salary	Dollars Encumbered
_____ to _____	_____	_____	_____	_____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____	_____	_____	_____	_____
Total:								\$ _____

8.) Funding Source (if applicable) Use this section instead of a budget transfer form. Funds will be taken out of the FOAPAL listed below and put into the salary line or lecturer account listed in section 6.

Pos #	Fund	Org	Acct	Prog	Actv	Location
_____	_____	_____	_____	_____	_____	_____

Account Name: _____ Authorized Signature: _____

9.) Grant funded Position: Yes No If yes, ORSP *must* sign before forwarding to VC or Human Resource Services.

10.) Signatures Department Head/Supervisor _____ Date _____ Dean/AVC _____ Date _____ ORSP (see # 9 above) _____ Date _____ Vice Chancellor _____ Date _____	HRS Use Only <input type="checkbox"/> GOAINTL Status _____ <input type="checkbox"/> Termination - Code _____ Pos # _____ Pos # _____ Pos # _____ E-Class # _____ Init _____ Date _____	Budget Use Only Init _____ Date _____ Payroll Init _____ Date _____ Suffix _____ Benefits Init _____ Date _____
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For questions regarding sections 1, 2, 3, 4, 5 & 10, contact Human Resource Services at 569-3180
 For questions regarding sections 6, 7, 8, contact Budget Office at 569-8426
 For questions regarding section 9, contact ORSP 569-8474

- 1. White - Payroll
- 2. Green - HRS
- 3. Blue - Originator
- 4. Canary - Vice Chancellor
- 5. Pink - Budget
- 6. Goldenrod - HRS