UNIVERSITY OF ST. THOMAS
PERSONNEL ACTION FORM

Employee No:	**Name:**
Department:	**Title:**
Effective Date:	
Classification (check one)**:** ☐ Staff ☐ Administrator ☐ Faculty ☐ Part-time Faculty ☐ Temporary employee ☐ Other: _____ **Full-time equivalency** (staff only): ☐ Full-time ☐ Part-time: ……..%	**Action** (check one)**:** ☐ New hire ☐ Transfer ☐ Change in pay ☐ Change in classification ☐ Change in benefit-eligibility ☐ One-time payment ☐ Leave of absence ☐ Return from leave ☐ Other: _____
Rate of Pay:	**Per** (check one): ☐ Year ☐ Hour ☐ Month ☐ One-time

Charge to:

Fund:	Department:	Account:	Percentage:

Comments:

Approvals:

Supervisor : _____

Appropriate Vice President or Dean of Students: _____

President : _____

Human Resources only

Benefit status: _____	**Signature HR Director :** _____