UNIVERSITY OF ST. THOMAS

Personnel Action Form

Employee ID No:	**Name:**
Position No:	**Title:**
Effective Date:	**Department:**

Classification (Check One):

- ☐ Administrator
- ☐ Faculty
- ☐ Staff
- ☐ Adjunct
- ☐ Contingent Worker
- ☐ Temporary Staff
- ☐ Student Worker
- ☐ Work Study Student

Full-Time Equivalency (Check One):

- ☐ Full-Time
- ☐ Part-Time: _____%

FLSA Classification (Check One):

- ☐ Exempt ☐ Non-Exempt

Action:

- ☐ New Hire
- ☐ Transfer
- ☐ Reports to Change

Reports To: _____

New Dept.: _____

- ☐ Change in Classification
- ☐ Change in Benefit Eligibility
- ☐ Job Title Change
- ☐ Leave of Absence – Paid
- ☐ Leave of Absence – Unpaid
- ☐ Return from Leave
- ☐ Change in Pay
- ☐ DWC Claim
- ☐ PT/OL (Teaching)
- ☐ Additional Pay (Non-Teaching/Not Contract)
- ☐ Other: _____

Rate of Pay (Requires CFO Approval):

$_____

Per (Check One):

☐ Calendar Year ☐ Academic Year ☐ Hour ☐ One-time

Account:	Dept. Number:	Restricted Fund/Grant:	Percentage:

Comments:

Approvals:

Appropriate Supervisor, Div. Dean, or Dean: _____ Date: _____

Appropriate Vice President: _____ Date: _____

Chief Financial Officer: _____ Date: _____

President (if necessary): _____ Date: _____

Human Resources Only

HR Status:	**HR Signature:** _____ **Date:** _____