

Position and Personnel Action Form

I REASON FOR ACTION	Check All that Apply:			
	Employment		Leave of Absence Leave Type Benefits w/o Benefits Effective Date: _____ End Date: _____ Last Day Worked: _____	
	Change of Status	Faculty	Separation Effective Date: _____ Last Day Worked: _____	
	Other			
II PERSONAL INFORMATION	_____			
	Banner ID	First	Middle	Last
III CLASSIFICATION/ APPOINTMENT TYPE	Hire Date/Contract Date _____		Contract End Date (if applicable) _____	
	Current Position Title/Rank	Banner Position # (6-digits)	Supervisor & Position #	Dept./College/School
	Requested Position Title/Rank	Banner Position # (6-dig	Supervisor & Position #	Dept./College/School
	Classification Type	--Select--	Appointment Type	--Select--
Academic Positions Only:	All Earned Degrees:		Discipline:	
IV ASSIGNMENT STATUS	FLSA Designation FT PT No. of Months Current: _____ Requested: _____ Leave Accrual: _____ No. of Weeks: _____ No. of Hours: _____ FTE Change: _____ Eligible Benefits: _____			
V SALARY INFORMATION/ BUDGET	Compensation:			
	Effective Date	Current Amount:	Recommended Amount:	% of Increase
	_____	\$ _____	\$ _____	_____
	Salary Adjustment Form is required for all salary increases 15% or more for EHRA			
	Frequency:			
	Annual	Hourly	Monthly Installments _____	One-Time Payment
FOAP # Charged:				
Fund _____	/Org _____	/Account _____	/Prgm _____	%
Fund _____	/Org _____	/Account _____	/Prgm _____	%
Fund _____	/Org _____	/Account _____	/Prgm _____	%
VI JUSTIFICATION, COMMENTS, OR COURSE LISTINGS	_____			
VII APPROVAL <i>(Signatures are not required if Hiring Proposal completed in PeopleAdmin System)</i>			Signature	Date
	Department Supervisor or Department Chair			
	Appropriate Vice Chancellor or Dean			
	Provost and Sr. VC for Academic Affairs			
	Title III Office			
	Budget or Contracts and Grants Office			
	Chancellor (if applicable)			
Legal Affairs (if applicable)				
Signatures	Employee _____			Date
	HR Representative _____			Date



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FOR HR OFFICE USE	Date or Y/N	Signature/Initials of HR Representative
NBAPOSN updated	Yes No	
Date HR Orientation Completed	Yes No	
Date Entered in Banner		
Leave Category		
Modified Adjusted Service Date		
Copy to Budget Office		
Copy to Leave Coordinator		
Notes:		

Instructions

Section I –1. (Employment) Check the box **and** the drop down menu that applies to this form. **New Hire**-Choose this action if the individual has never worked at Fayetteville State University before. **Rehire**-Choose this action if the individual you are hiring worked at Fayetteville State University prior to this appointment in any capacity. Separations lasting longer than 12 months in duration may require updated paperwork: including a background check.

2. (Change of Status) Check the box **and** the drop down menu that applies to this form. **Promotion**-Choose this action if the employee’s classification is moving to a higher level. **Demotion**-Employee move to a lower position. **Transfer**-Employee moved to a different department. The Hiring Department should initiate the PPA to complete the Transfer transaction. **Months of Service Change**-contract months of service change.

3. (Classification and Compensation) Check the box **and** the drop down menu that applies to this form. **Salary Adjustment**-Choose this action for merit or equity increase, additional duties, job change or reclassification. **Temporary Salary Adjustment**-Used to pay an employee a higher rate or salary while assuming a temporary or interim assignment as well as when returning the employee to his/her regular rate or salary upon completion of the temporary assignment. **Establish New Position**- Choose this action when requesting a new position. **Merit Increase**-Choose this action when the individual receives a merit increase. **Reclassification**-Choose this action when requesting a position to be reallocated. **Retention Salary Increase**- To retain valued employees who have received a formal offer of employment from an institution other than Fayetteville State. **Extra Duty**-Choose this action when permanent employees work on tasks which are not in their position description. **Stipend**-Use when individual works on a stipend.

4. (Faculty) Check the box **and** the drop down menu that applies to this form. **Academic Contract Revision**-Choose this action if contract has just been revised. **Adjunct**-Choose this when Faculty is in an Adjunct position. **Months of Service Change**- contract months of service. **Overload**- used to compensate added duties of a relatively short duration.

5. (Leave of Absence) Check the box **and** the drop down menu that applies to this form. **Leave without Pay**- is a temporary non-pay, non-duty status granted to an employee with supervisory approval. **Leave with Pay**- employee would be compensated for leave of absence. **Benefits**-employee will receive benefits while on leave of absence. **Without Benefits**-employee will not receive benefits while on leave. Type of leave-**FMLA**-employee leave type is covered under Family Medical Leave Act. **Workers Compensation**-employee leave is covered under Workers Compensation. **STD**-employee covered under Short Term Disability. **Effective Date**-Enter the date for when the leave is in effect. **End Date**-Enter the date for when the leave will end. **Last Day Worked**-Enter the date of the employee’s last day worked.

6. (Separation) Check the box **and** the drop down menu that applies to this form. **Effective Date** – Enter the date for when the termination is in effect. **Last Day Worked** – Enter the date of the employee’s last day worked. Do not use same Effective Date as Last Day worked if individuals do not want a break-in-service when taking over another position in the UNC system.

7. (Other) Check the box **and** the drop down menu that applies to this form. **Supervisory Change**-to change an employee’s supervisor.

Section II – Personal Information-Fill out individual’s information

Section III - Add Hire Date/Contract Date-Anticipated date. **Contract Date**- Only applies to non-permanent employees. **Classification-(Temporary)** employment is short in duration to address business needs. Temporary Cat I- no eligible for benefits. Temporary employment Cat II- maybe eligible for benefits. **Appointment Type- (Fixed Term-EHRA)** - Not eligible for tenure; appointment for a fixed period of time with no commitment regarding renewal. **(Tenure Track-EHRA)**-Designed to lead to promotion and permanent tenure upon demonstrated accomplishments in teaching, research, and service. **(Time-Limited SHRA)**- A time-limited appointment may be made to a time-limited permanent position that has been established for a period of no more than three years.

Section IV- Full-time or Part-time. The employee’s full time or part time status. **FLSA Designation**-Choose either Exempt or Non-Exempt. **Number of Months**-Provide the current number of months the individual is or will be working. Only add the proposed number of months if individual’s length of employment changes. **FTE Change**-For HR Internal use only.

Section V - (Compensation) Effective Date-Date the compensation is effective. No retroactive salaries for SHRA positions. **Salary Increase**- Only required for 15% or more increases. Will automatically calculate. **Frequency**- Choose the appropriate frequency of pay. **FOAP Charged**- Salary can be split between different FOAPS. Percent of salary being charged to a specific fund/org/acct combination. Valid percentages range from 1-100%. The total for all combinations must equal 100%.

Section VI-Write any additional comments or justifications.

Section VII-Obtain all signature **before** delivering to the human resources office.