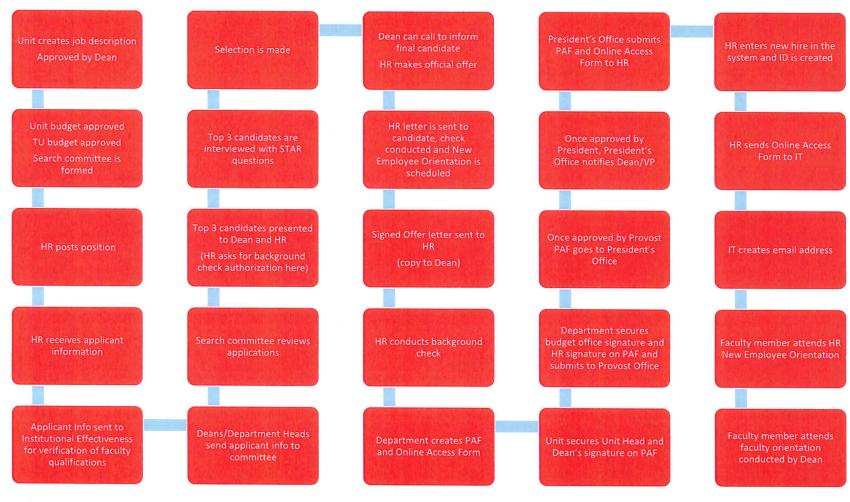
## **Faculty Hiring Process**



## TUSKEGEE UNIVERSITY

			P	ERSON	NEL A	CTION	FORM					
DATE:			DEPARTMENT NAME (type in the space below)									
EMPLOYEE I (Do not use SSN	estadotilibre ettera		W-1V							100 (100 (100 (100 (100 (100 (100 (100		
PERSONNEL ACTION FOR:	FACULT	CULTY ADJUNCT FACULTY		TENURED TENURED TRAC NON_TENURE		STAFF	INTERIM STAFF	ST	STUDENT		Failure to include necessary information or justification may delay processing.	
EMPLOYEE NAME: LAST Dr. Mr. Mrs. Ms.					FIRST		MI	MIDDLE DATE OF BIR		OF BIRTH		
ACTION:  01 - Initial Employme 02 - LOA with Pay 03 - LOA without Pay 04 - Return from LOA 05 - Separation/Termi 06 - Resignation/Retir			08 – Job Reclassify 09 – Demotion 10 – Job Assignment Change ation 11 – Transfer					13 – Renewal 14 – Data Change/Correction 15 – Rehire 16 – GL # Change 17 – Pay Adjustment 18 Other				
Regular	Temp			Full Time			7.5 Hours		Hours [		empt n-Exempt	
COMMENTS:			•									
POSITION TITLE:				PA	PAYOUT SCHEDULE (FACULTY): 10 MONTHS 12 MON							
START DATE: E		END DATE	END DATE:  ANNUA PAY RAT		SUMMER PAY RATE		100 mm m m m m m m m m m m m m m m m m m	PAY CYCLE: MONTHLY		BI-WEEKLY		
GL ACCOUNT NUMBER (& Line No.): MON				THLY RAT	HLY RATE: HOURLY RATE: PERCENT:			T: STA	ART DATE	: EN	VD DATE:	
1 2 3 4												
6												
APPROVA	LS:							<u> </u>		1		
1. Department Head/Director				Date	3. 0	. Grant Manager (Grants Only)				Date	Date	
2. Dean/Vice President Da				Date	4. Provost (for Faculty Only)					Date		
3. Budget Office				Date	5. 0	5. Office of Human Resources					Date	
3. Financial Aid (Work-Study Only)				Date	6. P	6. President Date						

**NOTE:** Please obtain approvals in the order noted, as applicable. The approval process stops if the personnel action request is not approved by the Budget Officer prior to submission to the Office of Human Resources.

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