

**Jackson State University
Office of Human Resources**

Notice of Personnel Action

				1. Current Date			
2. Employee Name		Last	First	Middle	3. Social Sec. No.	4. Date of Birth	
5. Address					6. Telephone No.		
7. Check one <input type="checkbox"/> Male <input type="checkbox"/> Female		8. Check One <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er)		9. Check One <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan		10. Check One <input type="checkbox"/> Faculty <input type="checkbox"/> Non-Faculty	11. Highest Deg. Earned
						12. This form is not to be used for student employee.	
13. Account Name				14. Account No.		15. Budget Position No.	
16. Position Title or Rank						17. Fiscal Year 20__ - 20__	
18. Complete if Position is Funded Through a Grant Grant Name Grant No.						Grant Approval	
19. Check one if appropriate <input type="checkbox"/> Appointment <input type="checkbox"/> Re-appointment <input type="checkbox"/> Transfer from _____ <input type="checkbox"/> Salary adjustment <input type="checkbox"/> Special project <input type="checkbox"/> Name _____ <input type="checkbox"/> Title change from _____			20. Check one <input type="checkbox"/> Permanent full-time <input type="checkbox"/> Temporary full-time <input type="checkbox"/> Permanent part-time <input type="checkbox"/> Temporary part-time <input type="checkbox"/> Hours per week _____			21. Check one <input type="checkbox"/> 12 months <input type="checkbox"/> Academic year <input type="checkbox"/> Month <input type="checkbox"/> Summer <input type="checkbox"/> Other (explain)	
22. Check one if appropriate (Give reason under remarks) <input type="checkbox"/> Resignation <input type="checkbox"/> Termination of Contract <input type="checkbox"/> Retirement <input type="checkbox"/> Discharge <input type="checkbox"/> Reduction in force <input type="checkbox"/> Quit without notice						23. Forwarding Address	
24. Leave of Absence Type of Leave _____			25. <input type="checkbox"/> With pay through _____ <input type="checkbox"/> Without pay after _____			26. Estimated Length of Leave From _____ To _____	
27. Salary or Wage Present Annual _____ Hourly _____ Other _____ New Annual _____ Hourly _____ Other _____ One payment _____			28. Check one <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Honorarium <input type="checkbox"/> One Payment <input type="checkbox"/> Other _____		29. Effective date of action _____ Last day of work _____ Accrued: Vacation _____ Sick leave _____		
30. Remarks and/or Justification							
For Personnel Services Use Only Position is exempt from FLSA <input type="checkbox"/> Yes <input type="checkbox"/> No Eligible for Social Security <input type="checkbox"/> Yes <input type="checkbox"/> No Eligible for Unemployment Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No Retirement effective _____ Insurance effective _____				31. _____ Department Chairman or Supervisor Date _____ Dean or Director Date _____ Director of Personnel Services Date _____ Vice President (Chief Administrator of the Area) Date _____ President Date			
For Budget Use Only No Change _____ Reduce funds \$ _____ To _____ Add funds \$ _____ Source _____ _____ Vice President for Budget Management and Planning							