

## **Position and Personnel Action Form**

|   | Check All that Apply:  |   |   |   |                                      |                      |  |
|---|--|---|---|---|--------------------------------------|----------------------|--|
| I<br>REASON FOR ACTION  | Employment   |   |   | Leave of Absence Leave Type Effective Date: Last Day Worked:                  | Bene                                 | efits<br>d Date:     | w/o Benefits                                     |
| REAGONT ON AGAINM   | Change of Status   | Fac   | culty   | Separation  |                                      |                      |  |
|   | Other  |   |   | Effective Date:   | _ Last L                             | Day Worked           | I  |
| II  |  |   |   |   |                                      |                      |  |
| PERSONAL  |  |   |   |   |                                      |                      |  |
| INFORMATION   | Banner ID First  |   | Middle  |   | Last                                 |                      |  |
|   | Hire Date/Contract Date  |   |   | Contract End Date (if applicable)   |                                      |                      |  |
| III   | Current<br>Position Title/Rank   |   | Banner<br>Position #<br>(6-digits)              | Supervisor & Position # De  |                                      | Dept./C              | ollege/School                                    |
| CLASSIFICATION/<br>APPOINTMENT TYPE   | Requested<br>Position Title/Rank   |   | Banner<br>Position #<br>(6-digits)              | Supervisor & Positio  | Supervisor & Position # Dept./Colleg |                      | ollege/School                                    |
|   |  |   |   |   |                                      |                      |  |
|   | Classification Type  |   | Select  | Appointment Type  | ntment TypeSelect                    |                      | ·Select  |
| Academic Positions Only:  | All Earned Degrees: Discipline:  |   |   |   |                                      |                      |  |
| IV  | FLSA Designation FT PT   |   |   |   |                                      |                      |  |
| ASSIGNMENT STATUS   | No. of Weeks:  | No. of Months Current: Requested: Leave Accrual: No. of Weeks: No. of Hours: FTE Change: Eligible Benefits: |   |   |                                      |                      |  |
|   | Compensation:  |   |   |   |                                      |                      |  |
|   | Effective Date: Current Amount: Recommended Amount: % of Increase  |   |   |   |                                      |                      |  |
|   | \$   |   |   | _ \$  |                                      |                      |  |
|   |  |   |   | Ψ   |                                      |                      |  |
|   |  |   |   | Ψ   |                                      |                      | djustment Form is                                |
| v   |  |   |   | <u> </u>  |                                      | require              | ed for all salary<br>s 15% or more for           |
| V<br>SALADY INFORMATION/  |  |   |   |   |                                      | require              | ed for all salary                                |
| SALARY INFORMATION/   |  |   | ourly   | Frequency:  | One-                                 | require<br>increases | ed for all salary<br>s 15% or more for<br>EHRA   |
| <u>-</u>  | Annual   |   | ourly   |   | One-                                 | require              | ed for all salary<br>s 15% or more for<br>EHRA   |
| SALARY INFORMATION/   |  |   |   | Frequency: Monthly  | One-                                 | require<br>increases | ed for all salary<br>s 15% or more for<br>EHRA   |
| SALARY INFORMATION/   |  | H   |   | Frequency:  Monthly Installments  AP # Charged:                               | One-                                 | require<br>increases | ed for all salary<br>s 15% or more for<br>EHRA   |
| SALARY INFORMATION/   | Annual   | <b>H</b>  | FO  | Frequency:  Monthly Installments  AP # Charged:  unt /Prgm                    | One-                                 | require<br>increases | ed for all salary s 15% or more for EHRA  /ment% |
| SALARY INFORMATION/   | Annual Fund/Or   | <b>H</b> -  | FO<br>/Acco                                     | Frequency:  Monthly Installments  AP # Charged: unt /Prgm unt /Prgm           | One-                                 | require<br>increases | ed for all salary s 15% or more for EHRA /ment%  |
| SALARY INFORMATION/   | Annual Fund /Or  | <b>H</b> -  | /Acco   | Frequency:  Monthly Installments  AP # Charged: unt /Prgm unt /Prgm           | One-                                 | require<br>increases | ed for all salary s 15% or more for EHRA  /ment% |
| SALARY INFORMATION/ BUDGET  VI JUSTIFICATION, COMMENTS,   | Annual Fund /Or  | <b>H</b> -  | /Acco   | Frequency:  Monthly Installments  AP # Charged: unt /Prgm unt /Prgm unt /Prgm | One-                                 | require<br>increases | yment %  |
| SALARY INFORMATION/ BUDGET  VI JUSTIFICATION, COMMENTS,   | Annual Fund /Or  | <b>H</b> -g   | /Acco<br>/Acco                                  | Frequency:  Monthly Installments  AP # Charged: unt /Prgm unt /Prgm           | One-                                 | require<br>increases | ed for all salary s 15% or more for EHRA  /ment% |
| SALARY INFORMATION/BUDGET  VI JUSTIFICATION, COMMENTS, OR COURSE LISTINGS  VII  | Annual  Fund /Or Fund /Or Fund /Or   | g<br>g<br>g   | /Acco   | Frequency:  Monthly Installments  AP # Charged: unt /Prgm unt /Prgm unt /Prgm | One-                                 | require<br>increases | yment %  |
| SALARY INFORMATION/<br>BUDGET  VI  JUSTIFICATION, COMMENTS, OR COURSE LISTINGS  | Annual  Fund /Ore Fund /Ore Fund /Ore Fund /Ore Appropriate Vice Chancello Provost and Sr. VC for Acade  | g<br>g<br>g<br>Departm  | /Acco   | Frequency:  Monthly Installments  AP # Charged: unt /Prgm unt /Prgm unt /Prgm | One-                                 | require<br>increases | yment %  |
| VI JUSTIFICATION, COMMENTS, OR COURSE LISTINGS  VII APPROVAL  | Annual  Fund /Org Fund /Org Fund /Org Department Supervisor or E Appropriate Vice Chancello  | g<br>g<br>g<br>Departm  | /Acco   | Frequency:  Monthly Installments  AP # Charged: unt /Prgm unt /Prgm unt /Prgm | One-                                 | require<br>increases | yment %  |
| VI JUSTIFICATION, COMMENTS, OR COURSE LISTINGS  VII APPROVAL (Signatures are not required                               | Annual  Fund /Ore Fund /Ore Fund /Ore Fund /Ore Appropriate Vice Chancello Provost and Sr. VC for Acade  | g<br>g<br>g<br>Departm<br>or or Dea   | /Acco /Acco /Acco /Acco  nent Chair an  Affairs | Frequency:  Monthly Installments  AP # Charged: unt /Prgm unt /Prgm unt /Prgm | One-                                 | require<br>increases | yment %  |
| VI JUSTIFICATION, COMMENTS, OR COURSE LISTINGS  VII APPROVAL (Signatures are not required if Hiring Proposal completed) | Annual  Fund /Org Fund /Org Fund /Org Fund /Org  Department Supervisor or E  Appropriate Vice Chancello  Provost and Sr. VC for Acad  Title III Office   | g<br>g<br>g<br>Departm<br>or or Dea   | /Acco /Acco /Acco /Acco  nent Chair an  Affairs | Frequency:  Monthly Installments  AP # Charged: unt /Prgm unt /Prgm unt /Prgm | One-                                 | require<br>increases | yment %  |
| VI JUSTIFICATION, COMMENTS, OR COURSE LISTINGS  VII APPROVAL (Signatures are not required if Hiring Proposal completed) | Fund /Or Fun | g<br>g<br>g<br>Departm<br>or or Dea   | /Acco /Acco /Acco /Acco  nent Chair an  Affairs | Frequency:  Monthly Installments  AP # Charged: unt /Prgm unt /Prgm unt /Prgm | One-                                 | require<br>increases | yment %  |
| VI JUSTIFICATION, COMMENTS, OR COURSE LISTINGS  VII APPROVAL (Signatures are not required if Hiring Proposal completed) | Annual  Fund /Or Fund /Or Fund /Or Fund /Or  Fund /Or  Appropriate Vice Chancello  Provost and Sr. VC for Acad  Title III Office  Budget or Contracts and Gr  Chancellor (if applicable)   | g<br>g<br>g<br>Departm<br>or or Dea   | /Acco /Acco /Acco /Acco  nent Chair an  Affairs | Frequency:  Monthly Installments  AP # Charged: unt /Prgm unt /Prgm unt /Prgm | One-                                 | require<br>increases | yment %  |
| VI JUSTIFICATION, COMMENTS, OR COURSE LISTINGS  VII APPROVAL (Signatures are not required if Hiring Proposal completed) | Annual  Fund /Org Fund /Org Fund /Org Fund /Org  Department Supervisor or E  Appropriate Vice Chancello Provost and Sr. VC for Acad  Title III Office  Budget or Contracts and Gr  Chancellor (if applicable)  Legal Affairs (if applicable)   | g<br>g<br>g<br>Departm<br>or or Dea   | /Acco /Acco /Acco /Acco  nent Chair an  Affairs | Frequency:  Monthly Installments  AP # Charged: unt /Prgm unt /Prgm unt /Prgm | One-                                 | require increases    | yment %  |



## **Position and Personnel Action Form**

| 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

- <u>Section I</u> –1. (Employment) Check the box and the drop down menu that applies to this form. <u>New Hire</u>-Choose this action if the individual has never worked at Fayetteville State University before. <u>Rehire</u>-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. <u>Academic Contract Revision</u>-Choose this action if contract has just been revised. <u>Adjunct</u>-Choose this when Faculty is in an Adjunct position. <u>Months of Service Change</u>- contract months of service. <u>Overload</u>- 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.

<u>Section IV</u>- <u>Full-time or Part-time</u>. The employee's full time or part time status. <u>FLSA Designation</u>-Choose either Exempt or Non-Exempt. <u>Number of Months</u>-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. <u>FTE Change</u>-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%. Supplemental salary: Supplements generally used for secondary administrative appointments and interim appointments. Enter the employee's base salary, the supplemental salary and the total salary. (HR Only-Classification & Compensation).

Section V- Write any additional comments or justifications.

<u>Section VII</u>-Obtain all signatures **before** delivering to the human resources office.