

PERSONNEL ACTION FORM



1. Date _____														
2. Name _____														
Last			First			Middle								
3. Social Security No. _____														
4. Current Address _____														
No. and Street			City			State		Zip Code		Phone Number				
5. Permanent Address _____														
No. and Street			City			State		Zip Code		Phone Number				
6. Birth Date _____		7. Sex _____	8. Race _____		9. A. Handicap Yes <input type="checkbox"/> No <input type="checkbox"/>		9. B. Veteran Yes <input type="checkbox"/> No <input type="checkbox"/>		10. Citizenship _____		11. Visa Status _____	12. Yrs. of Relevant Exp. _____	13. Yrs. TTU Work Exp. _____	14. Yrs. Other Higher Ed. Exp. _____
15. Highest Degree _____			16. When and Where Received Highest Degree _____			17. Major Field of Highest Degree _____			18. Special Degrees, Professional Licenses, Certificates, e _____					

19. Effective Date _____

20. A. Expiration Date of Appointment (if applicable) _____
 B. Last Day Worked on Previous Appointment _____

21. New Appointment Reappointment

A. Type of Appointment (Check One)

1. Academic (check one in each column)

a. <input type="checkbox"/> Specific Term Appt.	a. <input type="checkbox"/> Tenured
b. <input type="checkbox"/> Continuous Appt.	b. <input type="checkbox"/> Tenure-track
c. <input type="checkbox"/> Special Appt.	c. <input type="checkbox"/> Not eligible for tenure
2. Administrative/ Professional
3. Clerical/Supporting a. Skill Level _____
4. Graduate Student Masters Ed.S. Ph.D.

a. <input type="checkbox"/> Teaching Assistant	c. <input type="checkbox"/> Support Assistant
b. <input type="checkbox"/> Teaching Associate	d. <input type="checkbox"/> Research Assistant
5. Student Employment or Award. (Explain in #52 type account name, account number, amount by term, and billing code, if applicable.)

B. Status (check one in each column)

- | | |
|---------------------------------------|--|
| a. <input type="checkbox"/> Permanent | a. <input type="checkbox"/> Full-Time |
| b. <input type="checkbox"/> Temporary | b. <input type="checkbox"/> Part-Time %FTE _____ |

C. Term Appointed (Check One)

- | | |
|--|--|
| a. <input type="checkbox"/> Academic Yr. | c. <input type="checkbox"/> Summer Session |
| b. <input type="checkbox"/> Fiscal Yr. | d. <input type="checkbox"/> Other _____ |

Explain in #32

22. Separation (Check One. Explain in #32)

- | | |
|---|--|
| a. <input type="checkbox"/> Resignation | c. <input type="checkbox"/> Retirement |
| b. <input type="checkbox"/> Termination | |

23. Change (Check type(s). Explain in #32)

- | | |
|---|--|
| a. <input type="checkbox"/> Salary or Hourly Rate | g. <input type="checkbox"/> Promotion |
| b. <input type="checkbox"/> Title | h. <input type="checkbox"/> Tenure |
| c. <input type="checkbox"/> Acct. No(s). | i. <input type="checkbox"/> FTE% |
| d. <input type="checkbox"/> Status | j. <input type="checkbox"/> Leave of Absence |
| e. <input type="checkbox"/> Transfer | k. <input type="checkbox"/> Other _____ |
| f. <input type="checkbox"/> Suspension | |

Explain in #32

24. Presently Employed by the State of Tennessee

- Yes No

25. Proficient in Oral English

- Yes No

26. Valid I-9

- Yes No Unknown

27. Account Number	Object Code	Position Number	Percent Employed	Annual Salary	Monthly Salary	Hourly Rate	Total Budgeted Amount This Pos.	Budgeted Amount Projected For This Appointment
1.								
2.								
3.								
Totals								

28. College or Division _____	29. Department _____	30. Position Title/ Faculty Rank _____	31. Maintenance Allowance
			Fees <input type="checkbox"/> Yes <input type="checkbox"/> No Meals <input type="checkbox"/> Yes <input type="checkbox"/> No Housing <input type="checkbox"/> Yes <input type="checkbox"/> No

32. Remarks _____

33. Department Chairperson or Director _____ Date _____	34. Dean or Administrative Officer _____ Date _____
35. Dean of Graduate School _____ Date _____	36. Director of Human Resource Services _____ Date _____
37. Vice President (Academic Affairs) _____ Date _____	38. Affirmative Action Officer/ Financial Aid Officer _____ Date _____
39. President _____ Date _____	40. Employee's Signature (if applicable) _____ Date _____

FOR HUMAN RESOURCES USE ONLY

Job Code	TKL	Start Event	New Assign	Salary Rate	12 Mo. Rate	Defer	Payback	Retire Code	Title Code
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I accept this position under the condition outlined herein which may include work related to instruction, administration research and other sponsored programs.