Section XIV
Organizational Change
ORGANIZATIONAL CHANGE

This process allows authorized staff to make changes to an employee's position. The organizational change action is used to process changes in an employee's position or organizational unit (department) resulting from: Promotion, Demotion, Lateral Transfer, Addition or Deletion of a Position Assignment, Reclassification, and Other Status Changes. The form is designed for the department to complete the white areas and Human Resources to complete the shaded areas.

Complete the following required fields:

HEADER INFORMATION

   Employee Name (Last, First, Middle Initial)
   Personnel #
   Organizational Unit Name (Department)
   Org Unit Phone (Department)

EFFECTIVE DATES

Appointment Effective Date:
   From - Enter the date of the employee's first day of work
   To - Enter 12/31/9999 if the appointment is on-going. If the appointment is temporary, enter the expected last day of work date in the "To" date to reflect the length of the contract.

Start/Stop Pay Date: (If different from appointment date)
   From - Enter the date of the employee's first day of pay if different from the first day of work. (e.g., Faculty member's first day of work is the first day of the Academic Year but their first date of pay is 09/01/----).
   To - Enter stop pay date if different from the Appointment Effective Date "To".

DESCRIPTION OF ACTION

Select "Organizational Change"

ACTION (IT0000)

Select appropriate reason code:
   01 - Promotion Within
   02 - Promotion/Transfer
   03 - Lateral Within
   04 - Lateral Transfer
   05 - Demotion Within
   06 - Demotion/Transfer
07 - Position Add/Change
08 - Reclassification
09 - Other Status Change
10 - Extension of Appointment

Enter Position Number (Primary position)
Enter Position Title

ORGANIZATIONAL ASSIGNMENT (IT0001)

Enter Benefits Percent or Not Eligible

CURRENT POSITIONS AT THE UNIVERSITY
Enter Position Number for this position. If the employee is assigned to multiple
positions, list all assigned position numbers.
Enter Position Title(s)

Enter Staffing Percent - Enter appropriate percentage of work time spent in this
position. If the employee is assigned to more than one position, each position should
reflect the appropriate percent. The percentage for the position(s) must total 100%.

ADDRESSES (IT0006)
Refer to Personal Data Form
(Process a change of work address on the Personal Data Form, if necessary)

PLANNED WORKING TIME (IT0007)

Work schedule rule - Check salary, negative time reporting, or positive time reporting.
Complete additional fields for negative and positive time reporting. Especially for positive
time hours per week.

Contract length code:
01 - Academic Year Paid 9/9 Months
02 - Academic Year Paid 9/12 Months
03 - 10/10 Months
05 - Summer Session
06 - Fall Semester
07 - Spring Semester
08 - Other
09 - Spring Summer/8 Months
12 - 12/12 Months

Leave Plan Code:
0B - Biweekly Not Eligible Vacation/Sick Leave
0M - Monthly Not Eligible Vacation/Sick Leave
1B - Biweekly Managerial/Professional Vacation/Sick Leave
1C - Biweekly Office/Service Vacation/Sick Leave
2A - 12 Month Academic/Administrative Vacation/Sick Leave
2B - 12 Month Managerial/Professional Vacation/Sick Leave
Employment % - Enter the total FTE for all positions based on contract length.

BASIC PAY (IT0008)

Complete a line for each applicable wage type:

Select appropriate wage type:
  1001 - Hourly Rate
  1003 - Regular Monthly Rate
  1008 - 9 Months Paid Over 12 Months
  1010 - Administrative Stipend
  1037 - Temporary Salary
  1406 - Professorship
Enter Amount - Monthly salary if the employee is monthly or hourly pay rate if the employee is paid hourly (to three decimal places for both hourly and salaried).

COST DISTRIBUTION (IT9027)

Check which type of cost code (Grant Funded or Not)
Enter Cost Center(s)/WBS Element(s)
Enter Position Number
Select appropriate wage type:
  1001 - Hourly Rate
  1003 - Regular Monthly Rate
  1008 - 9 Months Paid Over 12 Months
  1010 - Administrative Stipend
  1037 - Temporary Salary
  1406 - Professorship
Enter $ Rate
  Salaried employees - Enter the monthly amount to be distributed to each applicable cost center by position.
  Hourly paid employees - Enter the hourly rate for each position.
Enter Percent of Cost Distribution - Enter appropriate % for distribution of employee's pay and benefits for each wage type.

PAID APPOINTMENTS (IT9001) - List primary appointment first

Start Date - Date employee was assigned to position.
End Date - Date employee's assignment is to end. If end date is unknown, enter 12/31/9999.
Enter Position Number
Enter Title Modifier: (if appropriate)
  Blank - Not needed
  1 - Acting
  2 - Interim
  5 - Visiting

Enter Employee Subgroup
  B1--REG MGR/PROF SALARY
  B2--REG MGR/PROF HOURLY
  C2--REG OFF/SRV HOURLY
  F1--TEM ACADEMIC SAL
  F2--TEM ACADEMIC HOURLY
  J1--REG SP TERM FAC/S
  K1--REG TEN FAC/S
  L1--REG SPECIAL FAC/S
  M1--REG ACAD ADMIN SAL
  N1--REG ADMIN SALARIED
  W1--TEMP NON FAC SAL
  W2--TEMP NON FAC HRLY
  Y1--TEMP MGR PROF SAL
  Z2--TEMP OFF/SRV HRLY

In the appropriate column, enter budgeted annual salary for regular employees or enter the amount to be paid for temporary employees.
Enter FTE Percentage

UNPAID APPOINTMENTS

Start Date - Date employee's assignment is to begin.
End Date - Date employee's assignment is to end. If end date is unknown, enter 12/31/9999.

Enter title of position
Enter Title Modifier: (If appropriate)
  Blank - Not needed
  3 - Adjunct
  4 - Courtesy
  5 - Visiting
  6 - Emeritus
  T--Tenure

Organizational Unit - Enter organizational unit number (Department) with which the unpaid position is to be associated.

DATE SPECIFICATIONS (IT0041)

Tenure Date, Tenure Notify Date, and Other - If appropriate.
Univ Service Date, Leave Accrual Date, and Probation End Date - To be completed by Human Resources

ADDITIONAL COMMENTS OR EXCEPTIONS: (No related infotype)

Enter any additional comments or instructions, will not be stored in SAP.

SIGNATURES (No related Infotype)

Approval signatures as required.

ATTACHMENTS (No related infotype)

Enter an X in appropriate box(es)

Personal Data Form (PDF)
Correspondence and supportive documentation - If applicable
Employee Name Last Gates First William Middle Initial J
Personnel # 25114 Soc Sec # 234-56-7890
Organizational Unit Name Computing & Data Communications Org. Unit Phone 554-3281

Personnel Action Form

EFFECTIVE DATES OF ACTION (MM/DD/YYYY):
Appointment Effective Date FROM 11/15/2010 TO 12/31/9999
Start/Stop Pay Date FROM TO

DESCRIPTION OF ACTION (enter X in a box) Organizational Change Example
☐ New Hire ☐ Retire ☐ Separation *
☐ Student Hire Crits ☐ Retire as Volunteer ☐ Separation with Pay *
☐ Ancillary Hire ☐ Retire as Ancillary ☐ Campus Transfer Out *
☐ Volunteer Hire ☐ Funding Change ☐ LOA without Pay
☐ NonRes/Alien Hiring Addendum ☐ Employment % - FTE Change * ☐ LOA with Pay
☐ Campus Transfer In ☐ Salary/Rate Change * ☐ Return from LOA
☐ ☐ Organizational Change *

ACTION (IT0000)
Reason Code C1 Position # 69000 Position Title Computer Operator III U.S. Citizen? ☐ Yes ☐ No

PERSONAL DATA (IT0002) refer to Personal Data Form

ORGANIZATIONAL ASSIGNMENT (IT0001)
Benefits % (Contribution percentage toward benefits for contractual period):
100 for 12 month 100 for 9/10 month Ret/Ancl Not Eligible

ALL CURRENT POSITIONS AT THE UNIVERSITY

<table>
<thead>
<tr>
<th>Position Number</th>
<th>Position Title</th>
<th>Staffing Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>This Position</td>
<td>69000</td>
<td>100.00</td>
</tr>
<tr>
<td>2</td>
<td>Computer Operator III</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>=100%</td>
<td></td>
</tr>
</tbody>
</table>

ADRESSES (IT0006) refer to Personal Data Form

PLANNED WORKING TIME (IT0007)
Work schedule rule:
☐ Salary ☐ Negative Time Reporting M-F @ 8 hours/day X
☐ Positive Time Reporting Number of hours scheduled per week
☐ Shift Other hours per day
☐ Shift

Contract Length Code: 12 Leave Plan Code: 1C Employment % (FTE): 100

BASIC PAY (IT0008)
Wage Type 1001 Amt $ 12,343 X hr ☐ mo Wage Type Amt $ ☐ hr ☐ mo
Wage Type Amt $ ☐ hr ☐ mo
**COST DISTRIBUTION (IT9027)**

<table>
<thead>
<tr>
<th>Cost Code: Grant Funded?</th>
<th>Cost Center / WBS Element</th>
<th>Position Number</th>
<th>Wage Type</th>
<th>$ Rate Hourly or Monthly</th>
<th>% of Cost Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes □ No</td>
<td>4451101001</td>
<td>69000</td>
<td>1001</td>
<td>12.343</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Note: Percentage must equal 100% for any given point in time

**PAID APPOINTMENTS (IT9001)**

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Position #</th>
<th>Title Modifier</th>
<th>Employee Subgroup</th>
<th>Budgeted Annual Salary</th>
<th>OR Amount To Be Paid</th>
<th>FTE % relative to full time</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/15/2010</td>
<td>12/31/9999</td>
<td>69000</td>
<td>C2</td>
<td></td>
<td>25,673</td>
<td></td>
<td>100.00%</td>
</tr>
</tbody>
</table>

**UNPAID APPOINTMENTS (IT9001)**

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Title</th>
<th>Organizational Unit Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BANK DETAILS (IT0009) / TAX AREA (IT0207): NE / TAX WITHHOLDING W4/W5 (IT0210)**

**ADDITIONAL PERSONAL DATA** refer to Personal Data Form

**RESIDENCE STATUS (I-9) (IT0094)**

<table>
<thead>
<tr>
<th>G - Citizen</th>
<th>N - Non-citizen</th>
<th>A - Non-Resident Alien</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

**DATE SPECIFICATIONS (IT0094)** When entering in date use month/day/year

- 4-9 Date required
- 1st Working Date required

<table>
<thead>
<tr>
<th>University Service Date</th>
<th>Leave Accum Date</th>
<th>Probation End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EDUCATION & QUALIFICATIONS (IT0099)** refer to Personal Data Form

**ADDITIONAL COMMENTS OR EXCEPTIONS:**

Promotion form Comp Op II. Return to probation.

**APPROVAL SIGNATURES**

Employee Completing Form:

X ________________________________ Date ________________________________ Date ________________________________

X ________________________________ Date ________________________________ Date ________________________________

**ATTACHMENTS**

- Personal Data Form (PDF)
- Form W-4 (required for all new/returning employees) / Form W-5 (optional)
- Form I-9 photocopies of documentation (required for all new/returning employees)
- Bank Deposit form
- Correspondence and supportive documentation

PAF Revised 4-7-00
Section XV
Separation
SEPARATION

This transaction is used for separating an employee from any work relationship with the University. It is not used for employees transferring to another campus or taking a leave of absence. The form is designed for the department to complete the white areas and Human Resources to complete the shaded areas.

Complete the following required fields:

HEADER INFORMATION

Employee Name (Last, First, Middle Initial)
Personnel #
Organizational Unit Name (Department)
Org Unit Phone (Department)

EFFECTIVE DATES

Appointment Effective Date:
To - Enter the date of the employee's last day of work
Start/Stop Pay Date: (If different from appointment date)
To - Enter the date of the employee's last day of pay if different from the last day of work. (e.g., Faculty member's last day of work is the last day of the Academic Year but their last date of pay is 08/31/----).

DESCRIPTION OF ACTION

Select "Separation"

ACTION (IT0000)

Select Appropriate reason code
01 - Termination
02 - Appointment/Funding Expired
03 - Retirement
05 - Resignation
06 - Deceased
07 - Permanent Disability
08 - Other
09 - New Job
10 - Professional Improvement
11 - Future Advancement
12 - Career Change
13 - Family Business
14 - Higher Wages
15 - Better Benefits
16 - Employee Relocation
17 - Spouse Relocation
18 - Personal Health
19 - Family Resp./Health
20 - Personal
21 - No Return from LOA
22 - School
23 - Position Eliminated
24 - Dissatisfied with Supervisor
25 - Dissatisfied with Environ.
26 - Dissatisfied with Policy/Prac.
27 - Dissatisfied with Co-worker(s)
28 - Forced Resignation
29 - Completed Residency
30 - Enter Private Practice
31 - Enter Another Residency
32 - Resign Volunteer Position
33 - Dissatisfied with Asgnd Duties
50 - T Unsatis. Perf. (on prob)
51 - T Unsatis. Perf. (after prob)
52 - T Tardiness
53 - T Absenteeism
54 - T Dept/Rule Violation
55 - T Position Abandon (3 day)
56 - T Gross Misconduct
57 - T Insubordination
58 - Visa Expiration
59 - T Fail to comply F/EAP
60 - T Fail to meet lic/reg req.
61 - T Academic Performance
70 - Change to Unpaid Status
80 - Change to Paid Status

Enter Position Number
Enter Position Title (Primary Position)

PAID APPOINTMENTS (IT9001) - List primary appointment first

End Date - Date employee's assignment is to end.

UNPAID APPOINTMENTS

End Date - Date employee's assignment is to end.
DATE SPECIFICATIONS (IT0041)

Last Working Date

ADDITIONAL COMMENTS OR EXCEPTIONS: (No related infotype)

Enter any additional comments or instructions, will not be stored in SAP.

SIGNATURES (No related Infotype)

Approval signatures as required.

ATTACHMENTS (No related infotype)

Enter an X in appropriate box(es)

Correspondence and supportive documentation (i.e. Resignation letter)
Employee Name Last Hess First Elaine Middle Initial M
Personnel # 12794
Organizational Unit Name Academic Affairs Org. Unit Phone 554-2262

Personnel Action Form

EFFECTIVE DATES OF ACTION (MM/DD/YYYY):
Appointment Effective Date FROM ________________ TO 11/18/10
Start/Stop Pay Date FROM ________________ TO ________________

DESCRIPTION OF ACTION (enter X in a box)
☐ New Hire
☐ Student Hire Chrs ________
☐ Ancillary Hire
☐ Volunteer Hire
☐ NonResAllen Hiring Addendum
☐ Campus Transfer In

Separation Example
☐ Rehire
☐ Rehire as Volunteer
☐ Rehire as Ancillary
☐ Funding Change
☐ Employment % - FTE Change *
☐ Salary/Rate Change *
☐ Organizational Change*
☐ Separation *
☐ Separation with Pay *
☐ Campus Transfer Out *
☐ LOA without Pay
☐ LOA with Pay
☐ Return from LOA
* Requires a Reason Code

ACTION (IT0000)
Reason Code C2 Position # 61000 Position Title Staff Assistant U.S. Citizen? ☐ Yes ☐ No

PERSONAL DATA (IT0002) refer to Personal Data Form

ORGANIZATIONAL ASSIGNMENT (IT0001)
Benefits % (Contribution percentage toward benefits for contractual period):
____________ for 12 month ________________ for 9/10 month ___________ Rel/Ancil ____________ Not Eligible

ALL CURRENT POSITIONS AT THE UNIVERSITY

<table>
<thead>
<tr>
<th>Position Number</th>
<th>Position Title</th>
<th>Staffing Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL =100%

ADDRESSES (IT0006) refer to Personal Data Form

PLANNED WORKING TIME (IT0007)
Work schedule rule:
☐ Salary
☐ Negative Time Reporting M-F @ 8 hours/day Shift ________ Other hours per day Shift ________
☐ Positive Time Reporting Number of hours scheduled per week ________
(Include total time worked at the University in all positions)

Contract Length Code: ___________ Leave Plan Code: ___________ Employment % (FTE): ________

BASIC PAY (IT0008)
Wage Type ___________ Amt $ ___________ ☐ hr ☐ mo Wage Type Amt $ ___________ ☐ hr ☐ mo
Wage Type ___________ Amt $ ___________ ☐ hr ☐ mo Wage Type Amt $ ___________ ☐ hr ☐ mo

PAF Revised 4-7-00
### COST DISTRIBUTION (IT9027)

<table>
<thead>
<tr>
<th>Cost Code: Grant Funded?</th>
<th>Cost Center / WBS Element</th>
<th>Position Number</th>
<th>Wage Type</th>
<th>$ Rate Monthly</th>
<th>% of Cost Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Yes ☐ No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Yes ☐ No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Yes ☐ No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Percentage must equal 100% for any given point in time

TOTAL = 100%

### PAID APPOINTMENTS (IT9001)

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Position #</th>
<th>Title Modifier</th>
<th>Employee Subgroup</th>
<th>Budgeted Annual Salary</th>
<th>OR Amount To Be Paid</th>
<th>FTE % relative to full time</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/18/10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### UNPAID APPOINTMENTS (IT9001)

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Title</th>
<th>Organizational Unit Number</th>
</tr>
</thead>
</table>

### BANK DETAILS (IT0069) / TAX AREA (IT0207): NE / TAX WITHHOLDING: W4/W5 (IT0210)

### ADDITIONAL PERSONAL DATA
- Refer to Personal Data Form

### RESIDENCE STATUS (I-9) (IT0094)

<table>
<thead>
<tr>
<th>C - Citizen</th>
<th>N - Non-citizen</th>
<th>A - Non-Resident Alien</th>
</tr>
</thead>
</table>

### DATE SPECIFICATIONS (IT0094)

When entering in date use month/day/year

- I-9 Date **required**
- First Working Date **required**
- Tenure Date
- Tenure Notify Date
- Last Working Date 11/18/10

### EDUCATION & QUALIFICATIONS (IT0009)
- Refer to Personal Data Form

### ADDITIONAL COMMENTS OR EXCEPTIONS:

__________________________

__________________________

__________________________

### APPROVAL SIGNATURES

Employee Completing Form:

X __________________________

Date __________________________

Date __________________________

### ATTACHMENTS

- Personal Data Form (PDF)
- Form W-4 (required for all new/returning employees) / Form W-5 (optional)
- Form I-9 photocopies of documentation (required for all new/returning employees)
- Bank Deposit form
- Correspondence and supportive documentation

PAF Revised 4-7-00
Section XVI
Campus Transfer Out
CAMPUS TRANSFER OUT

Campus Transfer Out is used when an employee ends employment with one campus to begin employment at another campus with no break in service. It is used to transfer the employee record out of one campus so that it is available for a transfer to another campus. Another action is used to separate an employee from the University. The form is designed for the department to complete the white areas and Human Resources to complete the shaded areas.

Complete the following required fields:

HEADER INFORMATION

Employee Name (Last, First, Middle Initial)
Personnel #
Social Security Number
Organizational Unit Name (Department)
Org Unit Phone (Department)

EFFECTIVE DATES

Appointment Effective Date:
To - Enter the date of the employee's last day of work
Start/Stop Pay Date: (If different from appointment date)
To - Enter the date of the employee's last day of pay if different from the last day of work. (e.g., Faculty member's last day of work is the last day of the Academic Year, but their last date of pay is 08/31/----).

DESCRIPTION OF ACTION

Select "Campus Transfer Out"

ACTION (IT0000)

Select appropriate reason code
02 - Appointment/Funding Expired
05 - Resignation
07 - Permanent Disability
08 - Other
10 - Professional Improvement
11 - Future Advancement
12 - Career Change
13 - Family Business
14 - Higher Wages
16 - Employee Relocation
17 - Spouse Relocation
18 - Personal Health
19 - Family Resp./Health
20 - Personal
21 - No Return from LOA
22 - School
23 - Position Eliminated
24 - Dissatisfied with Supervisor
25 - Dissatisfied with Environ.
26 - Dissatisfied with Policy/Prac.
27 - Dissatisfied with Co-worker(s)
32 - Resign Volunteer Position
70 - Change to Unpaid Status
80 - Change to Paid Status

PAID APPOINTMENTS (IT9001) - List primary appointment first

   End Date - Date employee's assignment is to end.

UNPAID APPOINTMENTS

   End Date - Date employee's assignment is to end.

DATE SPECIFICATIONS (IT0041)

   Last Working Date

ADDITIONAL COMMENTS OR EXCEPTIONS: (No related infotype)

   Enter any additional comments or instructions, will not be stored in SAP.

SIGNATURES (No related Infotype)

   Approval signatures as required.

ATTACHMENTS (No related infotype)

   Enter an X in appropriate box(es)

   Correspondence and supportive documentation (i.e. Resignation letter)
Employee Name  Last  Lelane  First  Jack  Middle Initial  C
Personnel #  59289
Organizational Unit Name  HPER  Org. Unit Phone  554-2670

Personnel Action Form

EFFECTIVE DATES OF ACTION (MM/DD/YYYY):
Appointment Effective Date  FROM  TO 5/12/11
Start/Stop Pay Date  FROM  TO 8/31/11

DESCRIPTION OF ACTION (enter X in a box)
☐ New Hire
☐ Student Hire  ☑Hiros
☐ Ancillary Hire
☐ Volunteer Hire
☐ NonRes/Allen Hiring Addendum
☐ Campus Transfer In

Field Transfer Example
☐ Rehire
☐ Rehire as Volunteer
☐ Rehire as Ancillary
☐ Funding Change
☐ Employment % - FTE Change *
☐ Salary/Rate Change *
☐ Organizational Change*

☐ Separation *
☐ Separation with Pay*
☐ Campus Transfer Out*
☐ LOA without Pay
☐ LOA with Pay
☐ Return from LOA

* Requires a Reason Code

ACTION (IT0000)
Reason Code  8  Position #  60191  Position Title  Lecturer  U.S. Citizen?  ☑ Yes  ☑ No

PERSONAL DATA (IT0002)  refer to Personal Data Form

ORGANIZATIONAL ASSIGNMENT (IT0001)
Benefits % (Contribution percentage toward benefits for contractual period):

☐ for 12 month  ☐ for 9/10 month  ☐ Ret/Ancil  ☐ Not Eligible

ALL CURRENT POSITIONS AT THE UNIVERSITY

<table>
<thead>
<tr>
<th>Position Number</th>
<th>Position Title</th>
<th>Staffing Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>This Position</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>=100%</td>
<td></td>
</tr>
</tbody>
</table>

ADDRESSES (IT0006)  refer to Personal Data Form

PLANNED WORKING TIME (IT0007)
Work schedule rule:

☐ Salary  ☐ Negative Time Reporting
M-F @ 8 hours/day
Shift
Other hours per day
Shift

☐ Positive Time Reporting
Number of hours scheduled per week
(Include total time worked at the University in all positions)

Contract Length Code:  Leave Plan Code:  Employment % (FTE):  

BASIC PAY (IT0008)
Wage Type  Amt $  ☑ hr  ☑ mo  Wage Type  Amt $  ☑ hr  ☑ mo
Wage Type  Amt $  ☑ hr  ☑ mo  Wage Type  Amt $  ☑ hr  ☑ mo

PAF Revised 4-7-00
### COST DISTRIBUTION (IT9027)

<table>
<thead>
<tr>
<th>Cost Code: Grant Funded?</th>
<th>Cost Center / WBS Element</th>
<th>Position Number</th>
<th>Wage Type</th>
<th>$ Rate</th>
<th>% of Cost Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Note: Percentage must equal 100% for any given point in time

| TOTAL | = 100 % |

### PAID APPOINTMENTS (IT9001)

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Position #</th>
<th>Title Modifier</th>
<th>Employee Subgroup</th>
<th>Budgeted Annual Salary</th>
<th>OR</th>
<th>Amount To Be Paid</th>
<th>FTE % relative to full time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>5/12/11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### UNPAID APPOINTMENTS (IT9001)

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Title</th>
<th>Organizational Unit Number</th>
</tr>
</thead>
</table>

### BANK DETAILS (IT0009)

**TAX AREA (IT0207):** NE / TAX WITHHOLDING W4/W5 (IT0210)

### ADDITIONAL PERSONAL DATA (refer to Personal Data Form)

### RESIDENCE STATUS (I-9) (IT0094)

- ☐ - Citizen  
- ☐ - Non-citizen  
- ☐ - Non-Resident Alien

### DATE SPECIFICATIONS (IT0094)

- **I-9 Date required**
- **First Working Date required**
- Tenure Date
- Tenure Notify Date
- Last Working Date 5/12/11

**To be completed by Personnel Services:**

- University Service Date
- Leave Accrual Date
- Probation End Date

### EDUCATION & QUALIFICATIONS (IT0009) (refer to Personal Data Form)

### ADDITIONAL COMMENTS OR EXCEPTIONS:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

### APPROVAL SIGNATURES

Employee Completing Form:

<table>
<thead>
<tr>
<th>X</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>X</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### ATTACHMENTS

- ☐ Personal Data Form (PDF)
- ☐ Form W-4 (required for all new/returning employees) / Form W-5 (optional)
- ☐ Form I-9 photocopies of documentation (required for all new/returning employees)
- ☐ Bank Deposit form
- ☐ Correspondence and supportive documentation

PAF Revised 4-7-00
Section XVII

LOA Without Pay
LOA WITHOUT PAY

This transaction is used when an employee is taking a temporary leave from work and will not receive any pay from the University during the LOA. The employee is expected to return to his or her position at the University at the end of the LOA. This transaction is not used to separate or transfer employees. The form is designed for the department to complete the white areas and Human Resources to complete the shaded areas.

Complete the following required fields:

HEADER INFORMATION

Employee Name (Last, First, Middle Initial)
Personnel #
Organizational Unit Name (Department)
Org Unit Phone (Department)

EFFECTIVE DATES

Appointment Effective Date:
   From - Enter the date leave is to begin
   To - Enter the anticipated LOA return date
Start/Stop Pay Date:
   From - Enter the date pay is to stop if different from the date leave is to begin
   To--Enter date LOA is to stop if different from the appointment effective "To" date

DESCRIPTION OF ACTION

Select "LOA Without Pay"

ACTION (IT0000)

Select Appropriate reason code
   01 - Academic
   02 - Military
   03 - Personal
   04 - Disability
   05 - Education
   06 - Faculty Development
   08 - FMLA (Family Medical Leave Plan)
   09 - Workers Compensation
   10 - Contractual Agreement
   11 - Administrative

Enter the Position Number (Primary position)
ADDITIONAL COMMENTS OR EXCEPTIONS: (No related infotype)

Enter any additional comments or instructions, will not be stored in SAP.

SIGNATURES (No related Infotype)

Approval signatures as required.

ATTACHMENTS (No related infotype)

Enter an X in appropriate box(es)

Correspondence and supportive documentation (i.e. Family Medical Leave form)
Section XIX
Return From LOA
COST DISTRIBUTION (IT9027)

<table>
<thead>
<tr>
<th>Grant Funded?</th>
<th>Cost Center / WBS Element</th>
<th>Position Number</th>
<th>Wage Type</th>
<th>$ Rate</th>
<th>% of Cost Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>4103060100</td>
<td>69888</td>
<td>1008</td>
<td>3000.00</td>
<td>100</td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Percentage must equal 100% for any given point in time

TOTAL = 100%

PAID APPOINTMENTS (IT9001)

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Position #</th>
<th>Title Modifier</th>
<th>Employee Subgroup</th>
<th>Budgeted Annual Salary</th>
<th>OR</th>
<th>Amount To Be Paid</th>
<th>FTE % relative to full time</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/14/1977</td>
<td>12/31/9999</td>
<td>69888</td>
<td>k1</td>
<td></td>
<td>36000</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

UNPAID APPOINTMENTS (IT9001)

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Title</th>
<th>Organizational Unit Number</th>
</tr>
</thead>
</table>

BANK DETAILS (IT9009)  
TAX AREA (IT0207): NE 
TAX WITHHOLDING W4/W5 (IT0210)

ADDITIONAL PERSONAL DATA: refer to Personal Data Form

RESIDENCE STATUS (I-9) (IT0094)

<table>
<thead>
<tr>
<th></th>
<th>G - Citizen</th>
<th>H - Non-citizen</th>
<th>A - Non-Resident Alien</th>
</tr>
</thead>
</table>

DATE SPECIFICATIONS (IT0094)  
When entering in date use month/day/year

I-9 Date required
First Working Date required
Tenure Date
Tenure Notify Date
Last Working Date

EDUCATION & QUALIFICATIONS (IT0099): refer to Personal Data Form

ADDITIONAL COMMENTS OR EXCEPTIONS:

APPROVAL SIGNATURES
Employee Completing Form:

X Date

ATTACHMENTS

☐ Personal Data Form (PDF)
☐ Form W-4 (required for all new/returning employees) / Form W-5 (optional)
☐ Form I-9 photocopied documentation (required for all new/returning employees)
☐ Bank Deposit form
X Correspondence and supportive documentation

PAF Revised 4-7-06
Employee Name: Tracy First Dick Middle Initial: L
Personnel #: 12127 Soc Sec #: 428-19-0681
Organizational Unit Name: Criminal Justice Org. Unit Phone: 554-3591

Personnel Action Form

EFFECTIVE DATES OF ACTION (MM/DD/YYYY):
Appointment Effective Date: FROM 8/19/2010 TO 12/20/10
Start/Stop Pay Date: FROM 09/01/10 TO 2/28/11

DESCRIPTION OF ACTION (enter X in a box) LOA with Pay Example
R New Hire
R Student Hire
R Ancillary Hire
R Volunteer Hire
R Non-ResAllen Hiring Addendum
R Campus Transfer In
R Separation *
R Separation with Pay *
R Campus Transfer Out *
R LOA without Pay
R LOA with Pay
R Return from LOA

* Requires a Reason Code

ACTION (IT0000)
Reason Code: 01 Position #: 69888 Position Title: Professor U.S. Citizen? No

PERSONAL DATA (IT0002) refer to Personal Data Form

ORGANIZATIONAL ASSIGNMENT (IT0001)
Benefits % (Contribution percentage toward benefits for contractual period):

for 12 month for 9/10 month Ret/And
Not Eligible

ALL CURRENT POSITIONS AT THE UNIVERSITY

<table>
<thead>
<tr>
<th>Position Number</th>
<th>Position Title</th>
<th>Staffing Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>This Position</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>=100%</td>
</tr>
</tbody>
</table>

ADDRESSES (IT0006) refer to Personal Data Form

PLANNED WORKING TIME (IT0007)
Work schedule rule:

Salary Negative Time Reporting Positive Time Reporting
M-F @ 8 hours/day Number of hours scheduled per week
Shift (Include total time worked at the University in all positions)
Other hours per day
Shift

Contract Length Code: Leave Plan Code: Employment % (FTE):

BASIC PAY (IT0008)

Wage Type: 1099 Amt $: 3000.000 X hr X mo Wage Type Amt $:
Wage Type: Amt $:
Wage Type: Amt $:

PAF Revised 4-7-00
SIGNATURES (No related Infotype)

Approval signatures as required.

ATTACHMENTS (No related infotype)

Enter an X in appropriate box(es)

Correspondence and supportive documentation
Enter Position Number(s)
Enter Title Modifier: (if appropriate)
   Blank - Not needed
   1 - Acting
   2 - Interim
   5 - Visiting
Enter Employee Subgroup
   B1--REG MGR/PROF SALARY
   B2--REG MGR/PROF HOURLY
   C2--REG OFF/SRV HOURLY
   F1--TEM ACADEMIC SAL
   F2--TEM ACADEMIC HOURLY
   J1--REG SP TERM FAC/S
   K1--REG TEN FAC/S
   L1--REG SPECIAL FAC/S
   M1--REG ACAD ADMIN SAL
   N1--REG ADMIN SALARIED
   W1--TEMP NON FAC SAL
   W2--TEMP NON FAC HRLY
   Y1--TEMP MGR PROF SAL
   Z2--TEMP OFF/SRV HRLY

In the appropriate column, enter budgeted annual salary for regular employees or enter the amount to be paid for temporary employees.
Enter FTE Percentage

UNPAID APPOINTMENTS

Start Date - Date employee's assignment is to begin.
End Date - Date employee's assignment is to end. If end date is unknown, enter 12/31/9999.
Enter title of position(s)
Enter Title Modifier: (If appropriate)
   Blank - Not needed
   3 - Adjunct
   4 - Courtesy
   5 - Visiting
   6 - Emeritus
   T--Tenure

ADDITIONAL COMMENTS OR EXCEPTIONS: (No related infotype)

Enter any additional comments or instructions, will not be stored in SAP.
08 - FMLA (Family Medical Leave Plan) 
09 - Workers Compensation 
10 - Contractual Agreement 
11 - Administrative 
Enter the Position Number

BASIC PAY (IT0008)

Complete a line for each applicable wage type:

Select appropriate wage type:
  1001 - Hourly Rate
  1003 - Regular Monthly Rate
  1008 - 9 Months Paid Over 12 Months
  1010 - Administrative Stipend
  1037 - Temporary Salary
  1406 - Professorship
Enter Amount - Monthly salary if the employee is monthly or hourly pay rate if the employee is paid hourly (to three decimal places for both hourly and salaried).

COST DISTRIBUTION (IT9027)

Check which type of cost code (Grant Funded or Not)
Enter Cost Center(s)/WBS Element(s)
Enter Position Number
Select appropriate wage type:
  1001 - Hourly Rate
  1003 - Regular Monthly Rate
  1008 - 9 Months Paid Over 12 Months
  1010 - Administrative Stipend
  1037 - Temporary Salary
  1406 - Professorship
Enter $ Rate
  Salaried employees - Enter the monthly amount to be distributed to each applicable cost center by position.
  Hourly paid employees - Enter the hourly rate for each position.
Enter Percent of Cost Distribution - Enter appropriate % for distribution of employee’s pay and benefits for each wage type.

PAID APPOINTMENTS (IT9001) - List primary appointment first

Start Date - Date employee was assigned to position.
End Date - Date employee’s assignment is to end. If end date is unknown, enter 12/31/9999.
LOA WITH PAY

This transaction is used when an employee is taking a temporary leave from work and will continue to receive any pay from the University during the LOA. The employee is expected to return to his or her position at the University at the end of the LOA. This transaction is not used when an employee retires or takes paid vacation or sick time. The form is designed for the department to complete the white areas and Human Resources to complete the shaded areas.

This transaction allows you to change an employee's pay rate during the LOA

Complete the following required fields:

HEADER INFORMATION

Employee Name (Last, First, Middle Initial)
Personnel #
Organizational Unit Name (Department)
Org Unit Phone (Department)

EFFECTIVE DATES

Appointment Effective Date:
From - Enter the date leave is to begin
To - Enter the anticipated LOA return date

Start/Stop Pay Date:
From - Enter the date pay change due to LOA is effective (if applicable and if different from LOA begin date)
To - Enter the date pay change due to LOA is to stop (if applicable and if different from LOA end date)

DESCRIPTION OF ACTION

Select "LOA Without Pay"

ACTION (IT0000)

Select Appropriate reason code
  01 - Academic
  02 - Military
  03 - Personal
  04 - Disability
  05 - Education
  06 - Faculty Development
Section XVIII
LOA With Pay
### COST DISTRIBUTION (IT9027)

<table>
<thead>
<tr>
<th>Cost Code: Grant Funded?</th>
<th>Cost Center / WBS Element</th>
<th>Position Number</th>
<th>Wage Type</th>
<th>$ Rate Hourly or Monthly</th>
<th>% of Cost Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes □ No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>□ Yes □ No</td>
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<td>□ Yes □ No</td>
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<tr>
<td>□ Yes □ No</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Note: Percentage must equal 100% for any given point in time

TOTAL = 100 %

### PAID APPOINTMENTS (IT9001)

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Position #</th>
<th>Title Modifier</th>
<th>Employee Subgroup</th>
<th>Budgeted Annual Salary</th>
<th>OR ⇄ Amount To Be Paid</th>
<th>FTE % relative to full time</th>
</tr>
</thead>
</table>

### UNPAID APPOINTMENTS (IT9001)

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Title</th>
<th>Organizational Unit Number</th>
</tr>
</thead>
</table>

### BANK DETAILS (IT0009) / TAX AREA (IT0207) / TAX WITHHOLDING W4/W5 (IT0210)

### ADDITIONAL PERSONAL DATA refer to Personal Data Form

### RESIDENCE STATUS (I-9) (IT0904)

□ C - Citizen □ N - Non-citizen □ A - Non-Resident Alien

### DATE SPECIFICATIONS (IT094) When entering in date use month/day/year

1-9 Date required
First Working Date required
Tenure Date
Tenure Notify Date
Last Working Date

To be completed by Personnel Services

University Service Date
Leave/Absent Date
Probation End Date

### EDUCATION & QUALIFICATIONS (IT0009) refer to Personal Data Form

### ADDITIONAL COMMENTS OR EXCEPTIONS:


### APPROVAL SIGNATURES

Employees Completing Form:

X Date

X Date

### ATTACHMENTS

☐ Personal Data Form (PDF)
☐ Form W-4 (required for all new/returning employees) / Form W-5 (optional)
☐ Form I-9 photocopied of documentation (required for all new/returning employees)
☐ Bank Deposit form
☐ Correspondence and supportive documentation

PAF Revised 4-7-00
Personnel Action Form

EFFECTIVE DATES OF ACTION (MM/DD/YYYY):
Appointment Effective Date FROM 2/2/2011 TO 5/2/11
Start/Stop Pay Date FROM _______ TO _______

DESCRIPTION OF ACTION (enter X in a box) 
☐ New Hire
☐ Student Hire ChHrs _________
☐ Ancillary Hire
☐ Volunteer Hire
☐ NonResAlien Hiring Addendum
☐ Campus Transfer In
☐ Rehire
☐ Rehire as Volunteer
☐ Rehire as Ancillary
☐ Funding Change
☐ Employment % - FTE Change *
☐ Salary/Rate Change *
☐ Organizational Change*
☐ Separation *
☐ Separation with Pay*
☐ Campus Transfer Out*
☐ LOA without Pay
☐ LOA with Pay
☐ Return from LOA
* Requires a Reason Code

ACTION (IT0000)
Reason Code Q3 Position # 69919 Position Title Chemist
U.S. Citizen? ☐ Yes ☐ No

PERSONAL DATA (IT0002) refer to Personal Data Form

ORGANIZATIONAL ASSIGNMENT (IT0001)
Benefits % (Contribution percentage toward benefits for contractual period):
for 12 month _________ for 9/10 month _________ Rel/Ancil _________ Not Eligible

 ALL CURRENT POSITIONS AT THE UNIVERSITY

<table>
<thead>
<tr>
<th>This Position</th>
<th>Position Number</th>
<th>Position Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL =100%

ADDRESSES (IT0006) refer to Personal Data Form

PLANNED WORKING TIME (IT0007)
Work schedule rule:
☐ Salary ☐ Negative Time Reporting
M-F @ 8 hours/day _______ Shift _______
☐ Positive Time Reporting
Number of hours scheduled per week _______
(Include total time worked at the University in all positions)
Other hours per day _______
Shift _______

Contract Length Code: _______ Leave Plan Code: _______
Employment % (FTE): _______

BASIC PAY (IT0008)
Wage Type _______ Amt $ _______ ☐ hr ☐ mo Wage Type _______ Amt $ _______ ☐ hr ☐ mo
Wage Type _______ Amt $ _______ ☐ hr ☐ mo Wage Type _______ Amt $ _______ ☐ hr ☐ mo

PAF Revised 4-7-00
RETURN FROM LOA

This transaction is used to return a University employee from LOA with or without pay. It cannot be used to rehire an employee who has been separated from any employment relationship with the University.

This transaction allows you to resume an employee's pay rate in case it has changed or was altered for the leave. It also allows you to change the leave dates in case the leave ended sooner than expected.

The return action assumes the employee is returning from the same position. If the employee is returning to a different position, COMPLETE AN ORGANIZATIONAL CHANGE AFTER YOU HAVE COMPLETED THE RETURN FROM LOA ACTION.

If the employee is returning from the LOA into the same position but with a different FTE, COMPLETE THE EMPLOYMENT % - FTE CHANGE ACTION AFTER YOU HAVE COMPLETED THE RETURN FROM LOA ACTION.

The form is designed for the department to complete the white areas and Human Resources to complete the shaded areas.

Complete the following required fields:

HEADER INFORMATION

Employee Name (Last, First, Middle Initial)
Personnel #
Organizational Unit Name (Department)
Org Unit Phone (Department)

EFFECTIVE DATES

Appointment Effective Date:
From - Enter the date employee returned from LOA
To - Enter the anticipated LOA return date. Use 12/31/9999 if the appt is on-going.

Start/Stop Pay Date:
From - Enter the date pay is to resume if different from LOA return date (e.g., faculty member's first day of work is the first day of the Academic Year but their first date of pay is 09/01/----)
To - Enter the stop pay date if different from the Appointment Effective Date "To".

DESCRIPTION OF ACTION

Select "Return from LOA"
ACTION (IT0000)

Leave reason code blank
Enter Position Number (Primary Position)
Enter Position Title

BASIC PAY (IT0008)

Complete a line for each applicable wage type:

Select appropriate wage type:
    1001 - Hourly Rate
    1003 - Regular Monthly Rate
    1008 - 9 Months Paid Over 12 Months
    1010 - Administrative Stipend
    1037 - Temporary Salary
    1406 - Professorship
Enter Amount - Monthly salary if the employee is monthly or hourly pay rate if the employee is paid hourly (to three decimal places for both hourly and salaried).

COST DISTRIBUTION (IT9027)

Check which type of cost code Grant Funded or Not
Enter Cost Center/WBS Element
Enter Position Number(s)
Select appropriate wage type:
    1001 - Hourly Rate
    1003 - Regular Monthly Rate
    1008 - 9 Months Paid Over 12 Months
    1010 - Administrative Stipend
    1037 - Temporary Salary
    1406 - Professorship
Enter $ Rate
   Salaried employees - Enter the monthly amount to be distributed to each applicable cost center by position.
   Hourly paid employees - Enter the hourly rate for each position.
Enter Percent of Cost Distribution - Enter appropriate % for distribution of employee's pay and benefits for each wage type.

PAID APPOINTMENTS (IT9001)
Enter Original Start Date (the first day the employee began work in the position)
Enter End Date. If ongoing, use 12/31/9999
Enter Position Number(s)
Enter Title Modifier: (if appropriate)
  Blank - Not needed
  1 - Acting
  2 - Interim
  5 - Visiting

Enter Employee Subgroup
  B1--REG MGR/PROF SALARY
  B2--REG MGR/PROF HOURLY
  C2--REG OFF/SRV HOURLY
  F1--TEM ACADEMIC SAL
  F2--TEM ACADEMIC HOURLY
  J1--REG SP TERM FAC/S
  K1--REG TEN FAC/S
  L1--REG SPECIAL FAC/S
  M1--REG ACAD ADMIN SAL
  N1--REG ADMIN SALARIED
  W1--TEMP NON FAC SAL
  W2--TEMP NON FAC HRLY
  Y1--TEMP MGR PROF SAL
  Z2--TEMP OFF/SRV HRLY

In the appropriate column, enter budgeted annual salary for regular employees or enter the amount to be paid for temporary employees.

Enter FTE Percentage

ADDITIONAL COMMENTS OR EXCEPTIONS: (No related infotype)

Enter any additional comments or instructions, will not be stored in SAP.

SIGNATURES (No related Infotype)

Approval signatures as required.

ATTACHMENTS (No related infotype)

Enter an X in appropriate box(es)

Correspondence and supportive documentation
Employee Name  Joe  First  GI  Middle Initial  
Personnel #  26351  
Organizational Unit Name  Chemistry  Org. Unit Phone  554-2828  

Personnel Action Form  

EFFECTIVE DATES OF ACTION (MM/DD/YYYY):
Appointment Effective Date  FROM 5/2/2011  TO 12/31/9999
Start/Stop Pay Date  FROM   TO  

DESCRIPTION OF ACTION (enter X in a box)
☐ New Hire  ☐ Rehire  ☐ Separation *
☐ Student Hire  ☐ Rehire as Volunteer  ☐ Separation with Pay*
☐ Ancillary Hire  ☐ Rehire as Ancillary  ☐ Campus Transfer Out*
☐ Volunteer Hire  ☐ Funding Change  ☐ LOA without Pay
☐ NonResAllen Hiring Addendum  ☐ Employment % - FTE Change *  ☐ LOA with Pay
☐ Campus Transfer In  ☐ Salary/Rate Change *  ☐ Return from LOA
☐ Organizational Change*  ☐ Requires a Reason Code

ACTION (IT0000)  
Reason Code  Position #  61248  Position Title Chemist  U.S. Citizen? ☐ Yes ☐ No

PERSONAL DATA (IT0002) refer to Personal Data Form

ORGANIZATIONAL ASSIGNMENT (IT0001)  
Benefits % (Contribution percentage toward benefits for contractual period):
☐ for 12 month ☐ for 9/10 month ☐ Ret/Ancil ☐ Not Eligible

ALL CURRENT POSITIONS AT THE UNIVERSITY

<table>
<thead>
<tr>
<th>Position Number</th>
<th>Position Title</th>
<th>Staffing Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>This Position</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
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</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>=100%</td>
<td></td>
</tr>
</tbody>
</table>

ADDRESSES (IT0006) refer to Personal Data Form

PLANNED WORKING TIME (IT0007)

Work schedule rule:
☐ Salary ☐ Negative Time Reporting ☐ Positive Time Reporting  
M-F @ 8 hours/day  Number of hours scheduled per week  
Shift  (Include total time worked at the University in all positions)  
Other hours per day  Shift

Contract Length Code:  Leave Plan Code:  Employment % (FTE):

BASIC PAY (IT0008)

<table>
<thead>
<tr>
<th>Wage Type</th>
<th>Amt $</th>
<th>x/hr</th>
<th>mo</th>
<th>Wage Type</th>
<th>Amt $</th>
<th>hr</th>
<th>mo</th>
</tr>
</thead>
<tbody>
<tr>
<td>1001</td>
<td></td>
<td>26</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PAF Revised 4-7-00
COST DISTRIBUTION (IT9027)

<table>
<thead>
<tr>
<th>Cost Code:</th>
<th>Cost Center / WBS Element</th>
<th>Position Number</th>
<th>Wage Type</th>
<th>$ Rate</th>
<th>% of Cost Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>414582007</td>
<td>61248</td>
<td>1001</td>
<td>26</td>
<td>100</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Percentage must equal 100% for any given point in time

TOTAL = 100%

PAID APPOINTMENTS (IT9001)

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Position #</th>
<th>Title Modifier</th>
<th>Employee Subgroup</th>
<th>Budgeted Annual Salary</th>
<th>OR Amount To Be Paid</th>
<th>FTE % relative to full time</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/30/1977</td>
<td>12/31/9999</td>
<td>61248</td>
<td>c2</td>
<td></td>
<td>54,080</td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

UNPAID APPOINTMENTS (IT9001)

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Title</th>
<th>Organizational Unit Number</th>
</tr>
</thead>
</table>

BANK DETAILS (IT0009): TAX AREA (IT0207): N.E. TAX WITHHOLDING W4/W5 (IT0210)

ADDITIONAL PERSONAL DATA: refer to Personal Date Form

RESIDENCE STATUS (I-9) (IT0904)

☐ G - Citizen ☐ N - Non-citizen ☐ A - Non-Resident Alien

DATE SPECIFICATIONS (IT0904) When entering in date use month/day/year

I-9 Date required
First Working Date required
Tenure Date
Tenure Notify Date
Last Working Date

(To be completed by Personnel Services)

University Service Date
Leave Accum Date
Probation End Date

EDUCATION & QUALIFICATIONS (IT0009) refer to Personal Date Form

ADDITIONAL COMMENTS OR EXCEPTIONS:

______________________________________________________________

______________________________________________________________

______________________________________________________________

APPROVAL SIGNATURES

Employee Completing Form:

X ___________________________ Date ________________ ___________________________ Date ________________

X ___________________________ Date ________________ ___________________________ Date ________________

ATTACHMENTS

☐ Personal Data Form (PDF)
☐ Form W-4 (required for all new/returning employees) / Form W-5 (optional)
☐ Form I-9 photocopies of documentation (required for all new/returning employees)
☐ Bank Deposit form
☐ Correspondence and supportive documentation

PAF Revised 4-7-00
Section XX

Employment Pause
EMPLOYMENT PAUSE

This transaction is used for placing an active employee into an unpaid status for a specific period of time. It is not used for leave of absences or separations. The form is designed for the department to complete the white areas and Human Resources to complete the shaded areas.

Complete the following required fields:

HEADER INFORMATION

   Employee Name (Last, First, Middle Initial)
   Personnel #
   Organizational Unit Name (Department)
   Org Unit Phone (Department)

EFFECTIVE DATES

   Appointment Effective Date:
      From - Enter the date of the employee's first day on employment pause
      Start/Stop Pay Date: (If different from appointment date)
         From - Enter the date of the first date pay should be paused if different from the appointment effective date. Ex: A faculty member's last day worked is the end of the academic year, but the first day pay should be paused is 6/1/xxxx

DESCRIPTION OF ACTION

   Select "Employment Pause"

ACTION (IT0000)

   Select Appropriate reason code
      01--Academic/Season
   Enter Position Number
   Enter Position Title (Primary Position)

ADDITIONAL COMMENTS OR EXCEPTIONS: (No related infotype)

   Enter any additional comments or instructions, will not be stored in SAP.

SIGNATURES (No related Infotype)

   Approval signatures as required.
ATTACHMENTS (No related infotype)

Enter an X in appropriate box(es)

Correspondence and supportive documentation.
Employee Name Last Schwardt First Sy Middle Initial
Personnel # 25746
Organizational Unit Name Research and Development Org. Unit Phone 4-1234

Personnel Action Form

EFFECTIVE DATES OF ACTION (MM/DD/YYYY):
Appointment Effective Date FROM 5/11/2011 TO
Start/Stop Pay Date FROM 6/1/2011 TO

DESCRIPTION OF ACTION (enter X in a box)
□ New Hire
□ Student Hire Ctr Hrs
□ Ancillary Hire
□ Volunteer Hire
□ NonResAlien Hiring Addendum
□ Campus Transfer In

□ Rehire
□ Rehire as Volunteer
□ Rehire as Ancillary
□ Funding Change
□ Employment % - FTE Change *
□ Salary/Rate Change *
□ Organizational Change*
□ Separation *
□ Employment Pause
□ Campus Transfer Out*
□ LOA without Pay*
□ LOA with Pay*
□ Return from LOA
*

Required a Reason Code

ACTION (IT0000)
Reason Code 1 Position # 61247 Position Title Research Scientist U.S. Citizen? □ Yes □ No

PERSONAL DATA (IT0002) refer to Personal Data Form

ORGANIZATIONAL ASSIGNMENT (IT0001)
Benefits % (Contribution percentage toward benefits for contractual period):
□ for 12 month □ for 9/10 month □ Rel/Ancil □ Not Eligible

ALL CURRENT POSITIONS AT THE UNIVERSITY

<table>
<thead>
<tr>
<th>Position Number</th>
<th>Position Title</th>
<th>Staffing Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL =100%

ADDRESSES (IT0006) refer to Personal Data Form

PLANNED WORKING TIME (IT0007)
Work schedule rule:
□ Salary □ Negative Time Reporting M-F @ 8 hours/day □ Positive Time Reporting Number of hours scheduled per week (Include total time worked at the University in all positions)
Shift
Other hours per day
Shift

Contract Length Code: Leave Plan Code: Employment % (FTE):

BASIC PAY (IT0008)
Wage Type Amt $ □ hr □ mo □ Wage Type Amt $ □ hr □ mo □ Wage Type Amt $ □ hr □ mo
### COST DISTRIBUTION (IT9027)

<table>
<thead>
<tr>
<th>Cost Code: Grant Funded?</th>
<th>Cost Center / WBS Element</th>
<th>Position Number</th>
<th>Wage Type</th>
<th>$ Rate Hourly or Monthly</th>
<th>% of Cost Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☑ No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Yes ☑ No</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>☐ Yes ☑ No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Yes ☑ No</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Note: Percentage must equal 100% for any given point in time

TOTAL = 100%

### PAID APPOINTMENTS (IT9001)

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Title Modifier</th>
<th>Employee Subgroup</th>
<th>Budgeted Annual Salary</th>
<th>OR Amount To Be Paid</th>
<th>FTE % relative to full</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/11/2011</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

### UNPAID APPOINTMENTS (IT9001)

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Title</th>
<th>Title Modifier</th>
<th>Organizational Unit Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### BANK DETAILS (IT0009) / TAX AREA (IT0207): NE / TAX WITHHOLDING W4/W5 (IT0210)

### ADDITIONAL PERSONAL DATA

Refer to Personal Data Form

### RESIDENCE STATUS (I-9) (IT0094)

☐ C - Citizen  ☐ N - Non-citizen  ☐ A - Alien, Non-Resident

### DATE SPECIFICATIONS (IT0019 or IT0041)

When entering in date use month/day/year

<table>
<thead>
<tr>
<th>I-9 Date</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>tenure Date</td>
<td>required</td>
</tr>
<tr>
<td>Tenure Notify Date</td>
<td></td>
</tr>
<tr>
<td>Last Working Date</td>
<td>required</td>
</tr>
</tbody>
</table>

(To be completed by Personnel Services)

University Service Date

Leave Accumulation Date

Probation End Date

### EDUCATION & QUALIFICATIONS (IT0009)

Refer to Personal Data Form

### ADDITIONAL COMMENTS OR EXCEPTIONS:

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Section XXI
Recurring Payments/Additional Payments
RECURRING PAYMENTS AND ADDITIONAL PAYMENTS

This transaction is used to process an additional pay for full time, active, salaried employees. Complete one recurring payment OR one additional payment per form. Use multiple forms as required. If the current wage types listed are not appropriate for the recurring/additional payment you are processing, please make a notation in the Additional Comments field (i.e. TEM).

Complete the following required fields:

Personnel # (If known)
Employee Name (Last, First)
Position Number for this payment
Cost Center/WBS Element for this payment

RECURRING PAYMENT WAGE TYPE

Select appropriate wage type for Recurring Payment:
1403 - Division of Continuing Studies
0616 - Expense Allowance
0615 - Housing Allowance
1404 - Overload
1405 - Phased Retiree Retirement
0617 - Retirement Allowance
1412 - Summer Instructional
1413 - Summer Research
1410 - Supplemental Compensation Stipend

ADDITIONAL PAYMENT WAGE TYPE

Select the appropriate wage type for Additional Payment:
1401 - Additional Compensation
0614 - Auto Allowance
0601 - Awards
0604 - Consulting
0605 - Honorarium
0609 - Royalty to Employee
0314 - Undergraduate Scholarship

ADDITIONAL COMMENTS

Any additional comments or instructions.

INTERVAL

Select only one of the options. The begin date, end date, and the amount are required fields.
One-time Payment
On-going (Monthly amount)
Quarterly
Other

oval signatures

ired Signatures
Please note that the primary recurring payment wage types used at UNO are as follows:

1404--Overload (Employees limited to 20% of their base salary each fiscal year)
1412--Summer Instructional (Faculty only and limited to 33% of their base salary each summer)
1413--Summer Research (Faculty only and limited to 33% for their base salary each summer)
Authorization Form for Recurring Payments or Additional Payments For Department Use

Personnel Number 18113
Position Number 61247
Employee Name Sy Schwardo
Cost Center/WBS Element 46-2487-1103-548

This is a RECURRING PAYMENT Wage Type (check only one) (IT0014)

☐ 1403 Division of Continuing Studies
☐ 0616 Expense Allowance
☐ 0615 Housing Allowance
☒ 1404 Overload
☐ 1405 Phased Retiree Retirement

☐ 0617 Retirement Allowance
☐ 1412 Summer Instructional
☐ 1413 Summer Research
☐ 1410 Supplemental Compensation Stipend

-- or --

This is a one-time ADDITIONAL PAYMENT Wage Type (check only one) (IT0015)

☐ 1401 Additional Compensation
☐ 0614 Auto Allowance
☐ 0601 Awards
☐ 0604 Consulting
☐ 0605 Honorarium
☐ 0609 Royalty to Employee
☐ 0314 Undergraduate Scholarships

Additional Comments: Dr. Schwardo is being paid $5,000 for consultation on the Thorrco Good Morning, Get Up and Go Morning Energizer.

Interval: (check only one) When entering in date use month/day/year (i.e., 11/13/2003).

☐ One time payment  Effective Date: ___________________ Amount $ ____________

☒ On-going: Begin Date: 12/1/10 until End Date 1/31/11 Monthly Amount $2,500

☐ Quarterly 1st $ ___________ 2nd $ ___________ 3rd $ ___________ 4th $ ___________

Begin Date ___________________ until End Date ___________________

☐ Other: (i.e. Annually/Biannually) ___________________________________________________________________________ Amount $ __________

Begin Date ___________________ until End Date ___________________

Approval Signatures / Dates:

☒ ___________________ ___________________