FISK UNIVERSITY
REQUEST FOR PERSONNEL ACTION

Date Prepared:
Prepared by:
Academic or Administrative Dept:

Please use this form to request all personnel actions. This request will be acted upon once it has been reviewed, with all necessary signatures and approved by the Chief Financial Office and the President.

PERSONNEL CATEGORY

☐ FACULTY ___ *Tenured* ___ *Tenured-Track* ___ *Not On-Track* ___ *Adjunct* ___ *Research*

Tenure Review Date| From: _____ To: _____

☐ SENIOR ADMINISTRATOR ☐ MANAGER/DIRECTOR ☐ SKILLED CRAFT

☐ TECHNICAL/PARAPROFESSIONAL ☐ SERVICE/MAINTENANCE

☐ SUPPORT STAFF/OTHER PROFESSIONAL ☐ CLERICAL ___ *Union* ___ *Non-Union*

☐ STUDENT WORKER (*Non-Work Study)* ☐GRADUATE STUDENT ASSISTANT

NAME: POSITION TITLE:

ACTION REQUIRED

☐ Appointment ☐ Reappointment
☐ Sabbatical ☐ LOA/Without Pay
☐ Medical LOA ☐ Educational LOA/WOP
☐ LOA/With Pay ☐ Reclassification
___ Ac Yr ___ Sem

CHECKED/REVIEWED/RECORDED BY FISCAL REPRESENTATIVE _____INITIAL

PLEASE ATTACH ALL RELEVANT DOCUMENTATION

♦ Action begin date: ♦ Action end date:

LINE ITEM IDENTIFICATION

♦ Name of the most recent employee on this line item #:

♦ Line item #: ♦ Salary on line:

♦ last rank/position assigned to this line item #:

CHECKED/REVIEWED/RECORDED BY FISCAL REPRESENTATIVE INITIAL

JUSTIFICATION

Explain why you are requesting this action. Consider all issues relevant to mission and goal of unit, strategic plans and resources.

CHECKED/REVIEWED/RECORDED BY FISCAL REPRESENTATIVE_____INITIAL

APPOINTMENT/FUNDING INFORMATION

☐ Line appt. ♦ Salary: _____ ☐ 10 mos. ☐ 12 mos. ☐ Semester

☐ Independent Contract ♦ Amount: _____

☐ Hourly ♦ Rate:_____

FUNDING SOURCE TYPE & NUMBER

♦ E&G account #:

♦ Auxiliary account #:

♦ Grant account #:

CHECKED/REVIEWED/RECORDED BY

BUDGET ANALYST _____ INITIAL AND/OR

GRANT ACCOUNTANT_____INITIAL AND/OR

TITLE III REPRESENTATIVE_____INITIAL

BUDGET CALCULATIONS/INFORMATION/NEEDS/AGREEMENTS

Consider all issues relevant to the unit's budget

CHECKED/REVIEWED/RECORDED BY

BUDGET ANALYST _____ INITIAL AND/OR

GRANT ACCOUNTANT_____INITIAL AND/OR

TITLE III REPRESENTATIVE_____INITIAL

REVIEWED/APPROVED

SIGNATURES: DATES:

Initiator:_____ Date: _____

(Only if an Administrative Department)

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Supervisor:_____ Date: _____

Vice President:_____ Date: _____

(Only if an Academic Department)

Academic Dean:_____ Date: _____

Provost:_____ Date: _____

Vice President of Finance & CFO:_____ Date: _____

Director of Human Resources:_____ Date: _____

Revised 2/2011