FISK UNIVERSITY
Personnel Action Change Notice

Date of Request:		Effective Date of Change:
Employee Name:	Position Title:	Department:

CHANGE INFORMATION: Check box(es) that apply.

☐ **Title** From: To:

☐ **Pay** From: $ To: $ ☐ Per Hour ☐ Semester ☐ Bi-weekly ☐ Monthly ☐ Annual

☐ **Department** From: To:

Indicate the reason for the title, pay change and/or department change:

☐ Promotion ☐ Merit/Salary Increase ☐ Salary Adjustment ☐ Transfer ☐ Separation

☐ Other (Explain)

☐ **Classification** (Check all that apply) ☐ FT ☐ PT ☐ Temporary ☐ Exempt ☐ Non Exempt ☐ Administrator ☐ Staff Support

☐ Tenured ☐ Tenure Track # _____ years ending academic year 200__ ☐ Non Tenured

☐ **Account/Budget Information**

Effective date of acct # change: If applicable, ending date of acct # change:

Unrestricted Budget Account(s): **(Fill in blanks for the appropriate account number to be charged for salaries)**

#1100 - _ _ _ - 5001 Faculty #1100 - _ _ _ - 5002 Administrative #1100 - _ _ _ - 5003 Part Time
#1100 - _ _ _ - 5004 Union #1100 - _ _ _ - 5005 Maintenance #1100 - _ _ _ - 5008 Student (Undergrad)Non-tax
#1100 - _ _ _ - 5120 Student (Undergrad) Taxable #1100 - _ _ _ - 5121 Student (Grad) Non-tax
#1100 - _ _ _ - 5122 Student (Grad) Taxable #1100 - _ _ _ - 5123 Student (Foreign) Non-tax
#1100 - _ _ _ - 5124 Student (Foreign) Taxable #1100 - _ _ _ - 5125 Graduate Stipend
#1100 - _ _ _ - 5126 Undergraduate Stipend #1100 - _ _ _ - 5127 Adjunct Faculty
#1100 - _ _ _ - 5009 Temporary Agency #1100 - _ _ _ - 7020 Faculty Stipend

Percentage of salary to be charged to unrestricted Acct: _____ %

Restricted Budget Account(s): (Fill in blanks for the appropriate account number to be charged)

#_ _ _ _ - _ _ _ - _ _ _ _ Acct Name: _____ **Percentage to be charged: _____ %**
#_ _ _ _ - _ _ _ - _ _ _ _ Acct Name: _____ **Percentage to be charged: _____ %**
#_ _ _ _ - _ _ _ - _ _ _ _ Acct Name: _____ **Percentage to be charged: _____ %**

Please attach a separate sheet for any additional budget justifications or comments.

APPROVAL SIGNATURES:

Supervisor/Vice President Signature & Date:	Provost's Signature & Date: (**If Academic Dept**)	Dir. Sponsored Programs Signature: (If Applicable)
Bursar & Budget Director Signature & Date:	Chief Financial Officer Signature & Date:	Director of Human Resources Signature & Date: