

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 Semi-monthly Annually

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

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: