

**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	
<input type="checkbox"/> FACULTY ___ <i>Tenured</i> ___ <i>Tenured-Track</i> ___ <i>Not On-Track</i> ___ <i>Adjunct</i> ___ <i>Research</i> Tenure Review Date From: _____ To: _____	
<input type="checkbox"/> SENIOR ADMINISTRATOR	<input type="checkbox"/> MANAGER/DIRECTOR
<input type="checkbox"/> TECHNICAL/PARAPROFESSIONAL	<input type="checkbox"/> SKILLED CRAFT
<input type="checkbox"/> SUPPORT STAFF/OTHER PROFESSIONAL	<input type="checkbox"/> SERVICE/MAINTENANCE
<input type="checkbox"/> STUDENT WORKER (<i>Non-Work Study</i>)	<input type="checkbox"/> CLERICAL ___ <i>Union</i> ___ <i>Non-Union</i>
<input type="checkbox"/> GRADUATE STUDENT ASSISTANT	
NAME: _____	POSITION TITLE: _____

ACTION REQUIRED	
<input type="checkbox"/> Appointment	<input type="checkbox"/> Reappointment
<input type="checkbox"/> Sabbatical	<input type="checkbox"/> Educational LOA
<input type="checkbox"/> Medical LOA	<input type="checkbox"/> Reclassification
___ Aca 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: _____ 24 pays 20 pays 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)

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: _____