

VILLANOVA UNIVERSITY
A Catholic, Augustinian University
PERSONNEL ACTION

Position Control # _____
Must be entered clearly. Please Print.

(1) Name _____	(2) Dept. Name _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 40px; height: 15px; display: flex; align-items: center; justify-content: center;"> Index </div> <div style="border: 1px solid black; width: 40px; height: 15px; display: flex; align-items: center; justify-content: center;"> Account </div> </div>	(3) Employee ID No. _____	
(4) Present Job Title _____	(5) Present Pay Rate/Grade _____	(6) New Pay Rate/Grade _____	(7) Date of Hire _____
(8) New Job Title (If Applicable) _____	(9) New Dept. Name (If Applicable) _____	(10) New Index and ACCT (if Applicable) <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 40px; height: 15px; display: flex; align-items: center; justify-content: center;"> Index </div> <div style="border: 1px solid black; width: 40px; height: 15px; display: flex; align-items: center; justify-content: center;"> Account </div> </div>	

X	ACTION:	X	ACTION:
	New Employment		Leave of Absence (complete section below)
	Personal Data Change		Resignation (attach letter of resignation)
	Transfer (indicate vacation & sick balances)		Retirement
	Promotion		Death
	Reclassification		Discharge
	Salary Adjustment		Other (Explanation Required)

EXPLANATION OF ACTION CHECKED: _____

EFFECTIVE DATE: _____

EMPLOYMENT STATUS: <u>Hours (check one):</u> <u>Months (check one):</u> <input type="checkbox"/> 40 Hrs/wk <input type="checkbox"/> 12 month appointment <input type="checkbox"/> 35 Hrs/wk <input type="checkbox"/> 10 month appointment <input type="checkbox"/> 20 Hrs/wk <input type="checkbox"/> 9 month appointment <input type="checkbox"/> Other Hours (Specify) _____ <input type="checkbox"/> Work Days (if other than Mon.-Fri.): _____ _____	REASON FOR LEAVE OF ABSENCE: (Please check all appropriate boxes) <input type="checkbox"/> Short-Term Disability <input type="checkbox"/> Family and Medical Leave <input type="checkbox"/> Long-Term Disability <input type="checkbox"/> Unpaid Personal Leave <input type="checkbox"/> Workers' Comp. <input type="checkbox"/> Military Leave <input type="checkbox"/> Unpaid Medical Leave Vacation Days Available _____ Sick Days Available _____
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TERMINATION: Did employee give two weeks notice? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, vacation days due _____ Would you rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
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PERSONAL DATA CHANGE: NAME: _____	ADDRESS: _____	PHONE NO.: _____
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MARITAL STATUS CHANGE: _____	EMPLOYEE SIGNATURE: _____
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APPROVALS:

1. Principal Investigator _____ Date _____

2. Office of Research _____ Date _____