

UNIVERSITY OF MONTEVALLO

PERSONNEL ACTION FORM

EMPLOYEE INFORMATION

UM ID Last Name First Name Middle Name (Dr., Mr., Ms.)

Mailing Address City State Zip Code

Campus Address Campus Phone Home Phone

Department Account Number Position Number Position Title/Rank

NEW ACTION TYPE

Effective Date: \_\_\_\_\_

- Regular, Temporary, Promotion\*, Status Change\*, Transfer\*, Salary Change\*, Termination, Other\*, Title Change, New Title/Rank: \_\_\_\_\_

PAYROLL INFORMATION

Table with 3 columns: EMPLOYEE STATUS, SALARY, EMPLOYMENT PERIOD. Includes checkboxes for Regular/Temporary and various salary/employment options.

\*Explanation:

TERMINATION

- Resigned, Dismissed, Not Reappointed, Retired, Deceased

Last day worked (if different from Effective Date): \_\_\_\_\_

APPROVALS

Director/Chair, Dean/CFO, Division Head, President. Each with a signature line and a Date line.