UNIVERSITY of MONTEVALLO

STUDENT PERSONNEL ACTION FORM (SPAF)

Forward completed SPAF to the Office of Human Resources, Station 6071, Will Lyman House.

SECTION 1 — STUDENT INFORMATION

Last name _____ First name _____ Middle initial _____

M# _____ Date of birth _____ ❑ Graduate or ❑ Undergraduate

Anticipated graduation date _____ (Employment appointments may not exceed this date.)

SECTION 2 — POSITION INFORMATION

Job title _____ Pay level: ❑ 1 ❑ 2 ❑ 3 ❑ Flat rate

Duties _____

Department _____ Department's org/budget number _____

Supervisor _____ Timesheet approver (if different from supervisor) _____

SECTION 3 — ACTION TYPE

Tentative action effective date _____ End date _____ (Actual employment dates are determined by HR, see below.)

❑ New hire ❑ Re-appointment ❑ Change in funding source ❑ Pay rate change

❑ Termination due to graduation/withdrawal ❑ Voluntary termination ❑ Involuntary termination

SECTION 4 — FUNDING SOURCE

❑ This student is being appointed to a Jobship position and will be paid from budget # _____ -6115

❑ This student is being appointed to a Work Study position and will be paid from Federal Work Study Funds.

SECTION 5 — TERMS OF PAYMENT

Refer to Administrative Procedure — Student Worker Compensation

❑ Pay $8.00 per hour (Department head signature required.)

❑ Pay hourly rate of $_____ (Department head and division head/dean signatures required for amounts over $8.00 per hour.)

❑ Pay flat rate of $_____ for #_____ of bi-weekly pay periods

❑ Pay ONE TIME PAYMENT of $_____ on the next payroll or on date _____

SECTION 6 — PAYMENT AUTHORIZATION

Refer to Administrative Procedure — Student Worker Compensation

The following signatures are required for approval.

Department head's signature _____ Date _____

Division head/dean's signature _____ Date _____

Budget office signature _____ Date _____

SECTION 7 — WORK STUDY VERIFICATION

To be completed by Student Aid and/or HR

FWS maximum earnings $_____ Maximum hours per week _____

Approved work period from _____ to _____

Authorized signature _____

❑ Student is authorized to work from _____ to _____

❑ Action acknowledged by HR

HR Signature _____