Roger Williams University

Faculty Personnel Action Form

FACULTY NAME: _____ **EFFECTIVE DATE OF ACTION:** _____/_____/_____

Address: _____ City/State/Zip: _____

Home Phone: ( ) _____-_____ Date of Birth: ____/____/_____ Date of Initial Hire: ____ /_____/_____

FACULTY ID (SS# if new): _____Office Building: _____ Room #: _____ Ext: _____

PLEASE CHECK ALL THAT APPLY:

☐ New Hire ☐ Separation (Voluntary) ☐ Separation (Involuntary) ☐ Separation (Retirement) ☐ Additional Position
☐ Rehire ☐ Sabbatical ☐ Name Change ☐ Dept or GL Change ☐ Address Change ☐ Change in Rank (Promotion)
☐ Leave of Absence (from: _____/_____/_____ to: _____/_____/_____)

LOCATION: ☐ Bristol ☐ Law School ☐ Providence Metro Center

SCHOOL/DIVISION: _____ **DEPT:**_____

REQUISITION #: _____

PLEASE CHECK ALL THAT APPLY:

☐ Annual Salary: $_____.____

☐ Sabbatical Pay: $_____.____ Sabbatical Dates from: _____/_____/_____ to: _____/_____/_____

☐ Stipend Amount: $_____.____ Stipend Dates from: _____/_____/_____ to: _____/_____/_____

Reason for Stipend: ☐ SA - P/T Adjunct ☐ SO – Overload ☐ O - One-Time Payment ☐ SR - Stipend Research ☐ BO - Bonus
☐ SH - Honorarium ☐ Other- see remarks ☐ Independent Study (Grades Attached)

☐ Funding Source/General Ledger Account Number: __ __-__ __ __ __ __ __ __-__ __ __ __ __ __
** If more than one position or funding source is necessary, use Remark box below*

STATUS: ☐ Full-Time ☐ Part-Time (Adjunct) ☐ *One Year Temporary *End date _____/____/_____
☐ Tenured ☐ Non-Tenured ☐ Visiting ☐ Distinguished

RANK: ☐ Professor ☐ Associate ☐ Assistant

FOR SEPARATIONS:

Last day worked: _____/_____/_____ Termination Date: ____/_____/_____ To be paid through: ____/_____/_____
Reason for separation: _____
Eligible for Rehire? ☐ Yes ☐ No
Have the appropriate departments (IT, Facilities, Locksmith, Purchasing) been contacted? ☐ Yes ☐ No

PAF PREPARED BY (Please print): _____ **DATE:** _____/_____/_____

Remarks	**Authorizations**	**Date Signed**
	Dean:	/ /
	SVP/Dean of Law School:	/ /
	Finance (if applicable):	/ /
	President (if applicable):	/ /
	Human Resources:	/ /

FOR HR USE ONLY

☐ W-4 ☐ I-9 ☐ Org Chart Updated Processed by: _____ Date Paid: ___/____/____ Benefits Termed: ___/____/____