

Roger Williams University
Staff Personnel Action Form

EMPLOYEE NAME: _____ EFFECTIVE DATE OF ACTION: ____/____/____

Address: _____ City/State/Zip: _____

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

Employee ID (SS# if new employee): _____ Office Building: _____ Room #: _____ Ext: _____

PLEASE CHECK ALL THAT APPLY:

- New Hire Separation (Voluntary) Separation (Involuntary) Separation (Retirement) Change Position Status
 Additional Position Promotion Rehire Dept or GL Change Reclassification Name Change Address Change
 Leave of Absence (from: ____/____/____ to: ____/____/____)

LOCATION: Bay Point Bristol Law School Providence Metro Center Tiverton

SCHOOL/DIVISION: _____ DEPT: _____

POSITION TITLE: _____

REPORTING MANAGER: _____

REQUISITION #: _____ New Salary/Wage: \$_____.____ Hourly Yearly One Time Stipend: \$_____.____

Exempt Non-Exempt Old Salary/Wage: \$_____.____ Hourly Yearly

Number of Hours: New _____ Old: _____ FTE: _____.____ Temporary assignment length from: ____/____/____ to: ____/____/____

Position Status: 12 month 10 month 9 month Seasonal Other _____

Funding Source/General Ledger Account Number: _____ - _____ - _____

** If more than one position or funding source is necessary, use Remark box below*

PLEASE CHECK ALL THAT APPLY:

- STATUS: Full-Time, Reg. Part-Time, Reg. Full-Time, Temp. Part-Time, Temp. Call-In
CLASS: Executive Administrator Professional Staff Staff Student Employee Per Diem
UNION: PSSA Union Facilities Union Food Service Union Public Safety Union

FOR TRANSFERS/PROMOTIONS/RECLASSIFICATIONS APPROVED BY HR:

From: Title: _____ Grade: _____

To: Title: _____ Grade: _____

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
	Manager:	/ /
	SVP/VP/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: ____/____/____