

**Roger Williams University and Roger Williams University School of Law
Staff Personnel Action Form**

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

EMPLOYEE ID: _____ DEPARTMENT: _____ DIVISION: _____

LOCATION: Baypoint Bristol School of Law Providence Metro Center

PLEASE CHECK ALL THAT APPLY:

- Separation (Voluntary) Separation (Involuntary) Separation (Retirement) Change Position Status
 Additional Position Dept or GL Change Rate Change Change of Supervisor
 Position Extension (from: ____/____/____ to ____/____/____) Leave of Absence (from: ____/____/____ to ____/____/____)

POSITION TITLE: _____

REPORTING MANAGER: _____

New Salary/Wage: \$_____.____ Hourly Yearly

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

Wage Change Reason: _____

Number of Hours: New _____ Old: _____ FTE: _____.____ Work Schedule: ____:____ AM/PM to ____:____ AM/PM

Position Status: 12 month 11 month 10 month 9 month Seasonal* Other* _____

*Temporary assignment length: From: ____/____/____ to: ____/____/____

Please note that unless a PAF is submitted to extend the employee's temporary assignment prior to its original end date, Human Resources will terminate the employee using the temporary assignment end date as indicated on the hire paperwork.

General Ledger Account Number: ____-____-____-____-____-____ Percentage: _____ %

General Ledger Account Number: ____-____-____-____-____-____ Percentage: _____ %

* If more than two funding sources are necessary, use Remarks box below.

PLEASE CHECK ALL THAT APPLY:

- STATUS: Full-Time, Reg. Part-Time, Reg. Full-Time, Temp. Part-Time, Temp. Seasonal
CLASS: Executive Administrator Professional Staff Staff
UNION: Facilities Union Food Service Union PSSA Union Public Safety Union

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: | / / |
| | Provost/VP/EVP/Dean of Law School: | / / |
| | Finance: | / / |
| | President (if applicable): | / / |
| | Human Resources: | / / |

FOR HR USE/PAYROLL USE ONLY

Org Chart Updated Processed by: _____ Date Paid: ____/____/____ Benefits Termed: ____/____/____