

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

FACULTY NAME: \_\_\_\_\_ EFFECTIVE DATE OF ACTION: \_\_\_\_/\_\_\_\_/\_\_\_\_

EMPLOYEE ID: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

LOCATION:      Bristol            School of Law            Providence Metro Center

**PLEASE CHECK ALL THAT APPLY:**

- Separation (Voluntary)            Separation (Involuntary)            Separation (Retirement)            Additional Position  
 Department/GL Change                    Stipend                                    Change in Rank/Tenure Status (Promotion)  
 Sabbatical/Leave of Absence (from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_)

**PLEASE CHECK ALL THAT APPLY:**

- Annual Salary:     \$\_\_\_\_\_.
- Sabbatical Pay:     \$\_\_\_\_\_.
- Stipend Amount:    \$\_\_\_\_\_.
- One-Time Stipend Pay Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Ongoing Stipend     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)

General Ledger Account Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Percentage: \_\_\_\_\_ %

General Ledger Account Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Percentage: \_\_\_\_\_ %

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

**STATUS:**    Full-Time            Part-Time (Adjunct)    \*One Year Temporary: Assignment 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:                              | / /         |
|         | 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: \_\_\_\_/\_\_\_\_/\_\_\_\_