



PERSONNEL ACTION FORM

1. Date _____

2. Name _____

3. Social Security No. _____

4. Current Address _____

5. Permanent Address _____

T Number _____

6. Birth Date	7. Sex	8. Race	9. A. Handicap <input type="checkbox"/> Yes <input type="checkbox"/> No B. Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Citizenship	11. Visa Status	12. Yrs. of Relevant Exp.	13. Yrs. TTU Work Exp.	14. Yrs. Other Higher Ed. Experience
15. Highest Degree	16. When and Where Received Highest Degree			17. Major Field of Highest Degree		18. Special Degrees, Professional Licenses Certificates, etc.		

19. Effective Date _____

20. A. Expiration Date of Appointment (if applicable) _____
 B. Last Day Worked on Previous Appointment _____

21. New Appointment Reappointment

A. Type of Appointment (Check one.)

- Academic (check one in each column).

a. <input type="checkbox"/> Specific Term Appt.	a. <input type="checkbox"/> Tenured
b. <input type="checkbox"/> Continuous Appt.	b. <input type="checkbox"/> Tenure-track
c. <input type="checkbox"/> Special Appt.	c. <input type="checkbox"/> Not eligible for tenure
- Administrative/Professional
- Clerical/Supporting a. Skill Level _____
- Graduate Student: Masters Ed.S. Ph.D.

a. <input type="checkbox"/> Teaching Assistant	c. <input type="checkbox"/> Support Assistant
b. <input type="checkbox"/> Teaching Associate	d. <input type="checkbox"/> Research Assistant
- Student Employment or Award. (Explain in #32 type account name, account number, amount by term, and billing code, if applicable)

B. Status (Check one in each column)

a. <input type="checkbox"/> Permanent	a. <input type="checkbox"/> Full-time
b. <input type="checkbox"/> Temporary	b. <input type="checkbox"/> Part-time % FTE _____

C. Term Appointed (Check one)

a. <input type="checkbox"/> Academic Yr.	c. <input type="checkbox"/> Summer
b. <input type="checkbox"/> Fiscal Yr.	d. <input type="checkbox"/> Other _____

22. Separation (Check one. Explain in #32 (Explain in # 32))

a. Resignation	c. <input type="checkbox"/> Retirement
b. Termination	

23. Change (Check type(s). Explain in #32)

a. <input type="checkbox"/> Salary or Hourly Rate	g. <input type="checkbox"/> Promotion
b. <input type="checkbox"/> Title	h. <input type="checkbox"/> Tenure
c. <input type="checkbox"/> Acct. No(s)	i. <input type="checkbox"/> FTE%
d. <input type="checkbox"/> Status	j. <input type="checkbox"/> Leave of Absence
e. <input type="checkbox"/> Transfer	k. <input type="checkbox"/> Other _____
f. <input type="checkbox"/> Suspension	

(Explain in # 32)

24. Presently Employed by the State of Tennessee
 Yes No

25. Proficient in Oral English
 Yes No

26. Valid I-9
 Yes No Unknown

27. Index Code (List rest of FOAPA below.)	Position Number	Percent Employed	Annual Salary	Monthly Salary	or	Hourly Rate	Total Budgeted Amount This Position	Budgeted Amount Projected For This Appointment
1.								
2.								
3.								
TOTALS								

28. College or Division	29. Department	30. Position Title/Faculty Rank	31. Maintenance Allowance Fees <input type="checkbox"/> Yes <input type="checkbox"/> No Meals <input type="checkbox"/> Yes <input type="checkbox"/> No Housing <input type="checkbox"/> Yes <input type="checkbox"/> No
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FOAPAL	COAS Code	Fund Code	Org Code	Account Code	Program Code	Activity Code
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____

32. Remarks _____

33. Department Chairperson or Director	Date	34. Dean or Administrative Officer	Date
35. Dean of Graduate School	Date	36. Personnel and Payroll Officer	Date
37. Vice President (Academic Affairs)	Date	38. Affirmative Action Officer/Financial Aid Officer	Date
39. President	Date	40. Principal Investigator (if required)	Date

FOR PAYROLL AND PERSONNEL USE ONLY

Job Code	TKL	Start Event	New Assignment	Salary Rate	12 Mo. Rate	Defer	Payback	Retire Code	Title Code
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I accept this position under the conditions outlined herein which may include work related to instruction, administration, research and other sponsored programs.