



BETHUNE-COOKMAN UNIVERSITY Personnel Action Form

No position may be offered until the PAF form contains the signature of both the president and executive vice president. If a dean or supervisor offers a position prior to obtaining the PAF with required signatures, the supervisors-deans will bear legal obligation of resolving the matter and the university will be held harmless.

Staff Faculty Adjunct (Position Posting Only)

Last Name: _____ First Name: _____ MI _____

Effective Date: _____ Department/Program Name: _____ Budget #: _____

Check Action Desired:

- Hire Classification Change Transfer/Promotion Rate Change
- Separation Title Change Only Leave of Absence Sabbatical

Section 1 Hire *Check selection:*

- New Employee Rehire/Reinstate Return to Work Sabbatical Replacement Other

Position Title: _____ Start Date: _____ End Date (if applicable): _____

Full Time Part Time Temporary Hours Per Week: _____

Hourly Salaried 9 months 10 months 10.5 months 11 months 12 months

Section 2 Rate Change *Check Selection:*

- Rate Merit Promotion Annual Increase Other

Current Hourly Rate: _____ Current Monthly Rate: _____ Current Annual Rate: _____

New Hourly Rate: _____ New Monthly Rate: _____ New Annual Rate: _____

Section 3 Change in Position or New Hire *Check all that apply:*

- Transfer Promotion New Position Title Change Only Other

Current Job Title: _____ Current Department: _____

Current Salary: _____ Current Budget Account: _____

New Job Title: _____ New Department: _____

New Salary: _____ New Budget Account: _____

Begin Date: _____ End Date (if applicable): _____

Hourly Salaried 9 months 10 months 10.5 months 11 months 12 months

Section 4 Position Posting Only *Please submit this form to the Office of Human Resources Management for each position requested. Please attach a completed Faculty Credentials Evaluation and employment paperwork (for faculty ONLY)*

Department: _____ Academic School/Sector: _____

Semester _____ (For faculty only) Position needs to be advertised: Yes: No:

Rate of Pay: _____ Job Title: _____

Start Date: _____ End Date: _____ Funding Source (Dept. Budget No.): _____

Section 5 Remarks or Special Instructions:

Please sign and date below: _____ Employment Specialist's Initials _____

Section 6 Signatures and Approvals:

Employee Signature and Date Department Manager or Dean and Date

Budget Approval and Date Sector VP Executive VP/Fiscal Affairs

Human Resource Director and Date President and Date