College of Pharmacy
University of Oklahoma Health Sciences Center

Personnel Action Form

Date Revised: 9/6/07

Current Date _____ Requested Effective Date_____

Name (Last First Middle) _____ SSN _____

Type of Action ☐Appointment ☐Change of Status ☐Termination ☐Leave of Absence ☐Name Change

Personal Data (required for new appointments)

Address _____ Home Phone_____ Office Location _____ Office Phone/Ext. _____

Date of Birth _____ Sex _____ Marital Status _____ _____ Race_____ Student (Y/N) _____

Status

Enter *CURRENT* information:

FTE _____Length of Appt _____ Dept _____ Job Title _____
(Termination Date)

Code	Fund	GL-Org	Program	Sub-Class	Project\Grant	Hrs. Per Week	Amount Mth\Hr	Amount Annual

Enter *PROPOSED* information:

FTE _____Length of Appt _____ Dept _____ Job Title _____
(Termination Date)

Code	Fund	GL-Org	Program	Sub-Class	Project\Grant	Hrs. Per Week	Amount Mth\Hr	Amount Annual

Comments

_____

_____

Signatures (signatures of all account sponsors are required**)**

Account Sponsor(s)_____ Date _____

Department Chair or Unit Supervisor _____ Date _____

Dean _____ Date _____

Instructions

This form will be completed for all personnel actions. An offer for employment will be initiated from the Dean for appointments. Changes of Status include changes in funding, FTE, position, or compensation level. Leave of Absence includes leave without pay and certain leave with pay to include short term disability. Terminations require that a Property Clearance Checklist be returned to the Business Office on the last working day.

This form must be completed and submitted to the Business Office no less than 5 working days prior to the date of action for new hires and terminations or no less than 5 working days prior to the 21st of the month preceding the month of action for promotions\rate changes, source changes or reclassifications.

Retroactive effective dates are not allowed. Cost transfers must be requested for any incorrect payroll costs incurred in a prior period. A curriculum vitae or resume must be attached for new faculty and professional staff appointments. A letter of resignation must be attached for terminations.

Business Office Use Only

_____ Info Verified (attachments included) _____ Offer sent or Info Purged _____ Acceptance Received _____ Pos\Job Req #
Initials Initials Date