

# Delaware State University Personnel Action Form Faculty / Unclassified Employees

Form Number:		Reason for Action:	
Request Date:		Requested By:	
Department:		Division:	
School:			

## Employee Information

Employee Name

### Current Information (Change From)

Current Title:	
Position Type :	
Temp. Duration:	
Permanent Mos:	
FTE:	
Annual Base Salary	
Position Number	

### New Information (Change To)

Current Title:	
Position Type :	
Temp. Duration:	
Permanent Mos:	
FTE:	
Annual Base Salary	
Position Number	

## Current Salary Funding Information (Distribution)

Account	Account Name	Fund Type	Effective Dates		FTE	Salary
			From	To		
						<b>Total Salary</b>

## Proposed Salary Funding Information (Distribution)

Account	Account Name	Fund Type	Effective Dates		FTE	Salary
			From	To		
						<b>Total Salary</b>

<b>Teaching Overload?</b>						
Account	Account Name	Fund Type	Semester	Credit Hours	Salary	
<b>One Time Payment?</b>						
Account	Account Name	Fund Type	Effective Dates		Salary	
			From	To		

Manager Signature and Date:

HR LA Signature and Date :

Bus . Fin Signature and Date :

Sp. Prog. Signature and Date :

Dept. Head Signature and Date :

Provost's Signature and Date :

Budget Cntrl. Signature and Date :

Dean's Signature and Date :

President's Signature and Date :

PHRST Coding:

Banner Coding:

Add'l Coding:

# Delaware State University Personnel Action Form

## Faculty / Unclassified Employees

Form Number:		Reason for Action:	
Request Date:		Requested By:	
Department:		Division:	
School:			

Comments