VILLANOVA UNIVERSITY

A Catholic, Augustinian University

PERSONNEL ACTION

Position Control # _____

Must be entered clearly. Please Print.

(1) Name	(2) Dept. Name _____ Index ☐☐☐☐☐☐ Account ☐☐☐☐		(3) Employee ID No.
(4) Present Job Title	(5) Present Pay Rate/Grade	(6) New Pay Rate/Grade	(7) Date of Hire
(8) New Job Title (If Applicable)	(9) New Dept. Name (If Applicable)	(10) New Index and ACCT (If Applicable) Index ☐☐☐☐☐☐ Account ☐☐☐☐	

X	ACTION:	X	ACTION:
	New Employment		Leave of Absence (complete section below)
	Personal Data Change		Resignation (attach letter of resignation)
	Transfer (indicate vacation & sick balances)		Retirement
	Promotion		Death
	Reclassification		Discharge
	Salary Adjustment		Other (Explanation Required)

EXPLANATION OF ACTION CHECKED:

EFFECTIVE DATE: _____

EMPLOYMENT STATUS:

Hours *(check one)*:

- ☐ 40 Hrs/wk
- ☐ 35 Hrs/wk
- ☐ 20 Hrs/wk
- ☐ Other Hours (Specify) _____

Months *(check one)*:

- ☐ 12 month appointment
- ☐ 10 month appointment
- ☐ 9 month appointment
- ☐ Work Days (if other than Mon.-Fri.): _____

REASON FOR LEAVE OF ABSENCE: (Please check all appropriate boxes)

- ☐ Short-Term Disability
- ☐ Long-Term Disability
- ☐ Workers' Comp.
- ☐ Family and Medical Leave
- ☐ Unpaid Personal Leave
- ☐ Military Leave
- ☐ Unpaid Medical Leave

Vacation Days Available _____

Sick Days Available _____

TERMINATION:

Did employee give two weeks notice? ☐ Yes ☐ No

If yes, vacation days due _____

Would you rehire? ☐ Yes ☐ No

PERSONAL DATA CHANGE: NAME:	ADDRESS:	PHONE NO.:
MARITAL STATUS CHANGE:	EMPLOYEE SIGNATURE:	

APPROVALS:

1. Principal Investigator _____ Date _____

2. Office of Research _____ Date _____