



FORDHAM UNIVERSITY

EMPLOYEE ACTION FORM

NAME:				ID:			
PRIMARY POSITION INFORMATION							
<input type="checkbox"/> Administrator	<input type="checkbox"/> Clerical (153)	<input type="checkbox"/> Maintenance (805)	<input type="checkbox"/> SEO	<input type="checkbox"/> Casual/Temp			
<input type="checkbox"/> Faculty	<input type="checkbox"/> Adjunct	<input type="checkbox"/> Graduate Assistant	<input type="checkbox"/> Hourly				
<input type="checkbox"/> Other (<i>Please specify</i>): _____							
Time Status:		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time				
Benefits Status:		<input type="checkbox"/> Benefited	<input type="checkbox"/> Non-Benefited	<input type="checkbox"/> Pension Only			
SALARY INFORMATION							
<input type="checkbox"/> Reappointment	<input type="checkbox"/> Promotion	<input type="checkbox"/> Transfer	<input type="checkbox"/> Salary Increase				
<input type="checkbox"/> Salary Adjustment	<input type="checkbox"/> One Time Payment	<input type="checkbox"/> Overload	<input type="checkbox"/> Bonus	<input type="checkbox"/> Other			
Title: _____							
Start Date:		End Date:		Scheduled Hours:			
Salary:		<input type="checkbox"/> Annual	<input type="checkbox"/> Hourly	<input type="checkbox"/> One Time Payment	<input type="checkbox"/> Per appointment		
If grant funded:		<input type="checkbox"/> Per appointment based on an annual of \$ _____					
Budget1:	FUND:	ORG:	ACCT:	PROG:	PCT %:		
Budget2:	FUND:	ORG:	ACCT:	PROG:	PCT %:		
Department: _____							
Time Sheet Approver: _____							
Replacement for (if applicable): _____				Effective: _____			
Additional Comments: _____ _____							
LEAVES/EXITS							
<input type="checkbox"/> Leave	<input type="checkbox"/> Exit	<input type="checkbox"/> Retirement	Effective Date/Semester: _____				
Exit/Retirement:		Vacation (Available/Accrued) _____		Sick Time(Available/Accrued) _____			
Leave Status:	<input type="checkbox"/> STD	<input type="checkbox"/> LTD	<input type="checkbox"/> FMLA	<input type="checkbox"/> Worker's Comp	<input type="checkbox"/> LOA	<input type="checkbox"/> Returned to Work	
Pay Status:	<input type="checkbox"/> Continue Salary from _____ / _____ / _____ to _____ / _____ / _____						
	<input type="checkbox"/> Discontinue Salary from _____ / _____ / _____ to _____ / _____ / _____						
	<input type="checkbox"/> STD Statutory		<input type="checkbox"/> Other _____				
Benefits:	<input type="checkbox"/> With Benefits		<input type="checkbox"/> Without Benefits				
Exit Reason/Additional Comments: _____ _____							
AUTHORIZED SIGNATURES							
Department: _____				Date: _____			
Dean/Director/VP: _____				Date: _____			
AA Approval: _____				Date: _____			
<i>(Faculty Changes only)</i>							
HUMAN RESOURCES OFFICE ONLY							
Human Resources: _____				Date: _____			
HRIS: _____				Date: _____			
Verified By: _____				Date: _____			