

Human Resources Part-time Teaching/Summer Sessions Personnel Action Form

Empl ID or SS# if New Hire:	
Date Prepared:	
Preparer's Name:	

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NAME (Last, Firs	et, MI)				,				
FT EMPLOYEE OR RETIREE (if FT, indicate FT title; if returning retiree, indicate "retired" or "emeritus")									
TERM CODE and YEAR (Choose One) For "OTH See Dates Below" refer to Odd Date guidelines									
ACTION CODE (Choose One)									
DEPARTMENT OF TEACHING OR ACTIVITY									
TAX LOCATION (city, state & percentage where teaching, if other than 100% Akron. Example: Orville 50%, Akron 50%)									
RANK, PT LECTURER LEVEL, OR TITLE If full-time faculty summer appointment, enter full-time title			PT: FT:						
ACCOUNT CODE (if other than 100%, list distribution percentages)									
RATE PER LO	AD HOUR								
TOTAL PAID LOAD				From:					
SALARY FOR TERM/BASIS				From:					
EMPLOYMEN	Γ DATA	Building	Room	Phone	Zip + 4	+ 4 Supervisor			
NOTE: Assistant, Associate, Senior and Special Lecturers agree to comply with the policies, rules and regulations of the University, as adopted and from time to time amended pertaining to part-time faculty appointments, including but not limited to, the administrative and academic requirements of the Sr. VP and Provost. Such rules and regulations are set forth in the University Soard of Trustees rules which are incorporated by reference as if fully rewritten herein. Rule numbers include but are not limited to additionable to the Sr. VP and Provost. Such rules and regulations are set forth in the University Soard of Trustees rules which are incorporated by reference as if fully rewritten herein. Rule numbers include but are not limited to 3359-11 et sea, and 3359-20 et seq. and 3359-31 et seq. and 3359-32 et seq. an									
			APPROVAL	SIGNATURE(S)/DATE				
(1) Supervisor (if F no conflict with reg l		cknowledge	(date)		iating unit) → De initiating unit)	ean (home colleg		date)	
(2) Employee (Dark	time a Outley		(4545)	(5) Controllo	wla Off ica (if own			data)	
(2) Employee (Part	-une Only)		(date)	(5) CONTRONS	r's Office (if gra	пі зирропеа)	(date)	
(3) Dept Chair/Dire	ctor		(date)	(6) Appointir	ng Authority's S	Signature (if app	licable) (date)	
FULLY APPRO	OVED PERSONN	IEL ACTION F	ORMS SHOU	LD BE FORW	ARDED TO H	UMAN RESOU	IRCES FOR	PROCESSING	
HR Use Only	Date Processed:	BOT Date	e:	Payroll:	HR:		AAF:		