Roger Williams University and Roger Williams University School of Law <u>Staff Personnel Action Form</u>

EMPLOYEE NAME:		EFFECTIVE DATE OF ACTION://	
EMPLOYEE ID:	DEPARTMENT:	DIVISION:	
LOCATION:	ypoint 🗆 Bristol	I ☐ School of Law ☐ Providence Metro Cente	er:
☐ Additional Position	☐ Separation (Involuntary☐ Dept or GL Change	y) ☐ Separation (Retirement) ☐ Change Position☐ Rate Change ☐ Stipend ☐ Change of Super☐/) ☐ Leave of Absence (from: // to	rvisor
POSITION TITLE:			
REPORTING MANAGER: _			
Old Salary/Wage: \$		Yearly Stipend: \$ Or Yearly Stipend Dates: From:// to:	
☐ Number of Hours: New	/ Old: FTE: _		1/PM
*Temporary assignment ** **Temporary assignment ** **Please note that unless**	nt length: From://_ s a PAF is submitted to extend	☐ 10 month ☐ 9 month ☐ Seasonal* ☐ Other* to:// d the employee's temporary assignment prior to its original englished the temporary assignment end date as indicated on the hire	nd date,
☐ General Ledger Accou	nt Number:	%	
	t Number: ling sources are necessary, use	Percentage: % Remarks box below.	
CLASS: Executive	g. □ Part-Time, Reg. □	☐ Professional Staff ☐ Staff	
	/ Termination Date:	/ To be paid through:/	_
Eligible for Rehire? Have the appropriate dep	☐ Yes ☐ No Partments (IT, Facilities, Locksn	mith, Purchasing) been contacted?	□ No
PAF PREPARED BY (Please	e print):	DATE:/_	/
Remarks		Authorizations	Date Signed
		Manager:	/ /
		Provost/VP/EVP/Dean of Law School:	/ /
		Finance:	/ /
		President (if applicable):	/ /
		Human Resources:	/ /
	EUD HD I	USE/PAYROLL USE ONLY	

Date Paid: ___/_

Benefits Termed: _

☐ Org Chart Updated Processed by: ___