

**Roger Williams University**  
**Faculty Personnel Action Form**

FACULTY NAME: \_\_\_\_\_ EFFECTIVE DATE OF ACTION: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Initial Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

FACULTY ID (SS# if new): \_\_\_\_\_ Office Building: \_\_\_\_\_ Room #: \_\_\_\_\_ Ext: \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY:**

- New Hire     Separation (Voluntary)     Separation (Involuntary)     Separation (Retirement)     Additional Position  
 Rehire     Sabbatical     Name Change     Dept or GL Change     Address Change     Change in Rank (Promotion)  
 Leave of Absence (from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_)

LOCATION:     Bristol     Law School     Providence Metro Center

SCHOOL/DIVISION: \_\_\_\_\_ DEPT: \_\_\_\_\_

REQUISITION #: \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY:**

- Annual Salary: \$ \_\_\_\_\_  
 Sabbatical Pay: \$ \_\_\_\_\_ Sabbatical Dates from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Stipend Amount: \$ \_\_\_\_\_ Stipend Dates from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reason for Stipend:  SA - P/T Adjunct\*     SO – Overload\*     O-One-Time Payment\*     SR-Stipend Research\*     BO – Bonus\*  
 SH – Honorarium\*     Other- see remarks     Independent Study (Grades Attached)\*

Funding Source/General Ledger Account Number: \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

*\* If more than one position or funding source is necessary, use Remark box below*

STATUS:     Full-Time     Part-Time (Adjunct)\*     \*One Year Temporary    \*End date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Tenured     Non-Tenured     Visiting     Distinguished

RANK:     Professor     Associate     Assistant

**FOR SEPARATIONS:**

Last day worked: \_\_\_\_/\_\_\_\_/\_\_\_\_ Termination Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ To be paid through: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for separation: \_\_\_\_\_

Eligible for Rehire?     Yes     No

Have the appropriate departments (IT, Facilities, Locksmith, Purchasing) been contacted?     Yes     No

PAF PREPARED BY (Please print): \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Remarks	Authorizations	Date Signed
	Dean:	/ /
	SVP/Dean of Law School:	/ /
	Finance:	/ /
	President (if applicable):	/ /
	Human Resources:	/ /

**\*Finance Approval Not Required**

**FOR HR USE ONLY**

W-4     I-9     Org Chart Updated    Processed by: \_\_\_\_\_ Date Paid: \_\_\_\_/\_\_\_\_/\_\_\_\_ Benefits Termed: \_\_\_\_/\_\_\_\_/\_\_\_\_