

**Roger Williams University**  
**Staff Personnel Action Form**

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

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

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

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

**PLEASE CHECK ALL THAT APPLY:**

- New Hire    Separation (Voluntary)    Separation (Involuntary)    Separation (Retirement)    Change Position Status  
 Additional Position    Promotion    Rehire    Dept or GL Change    Reclassification    Name Change    Address Change  
 Change of Supervisor    Lateral Transfer    Rate Change    Leave of Absence (from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_)

LOCATION:       Bay Point    Bristol    Law School    Providence Metro Center    Tiverton

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

POSITION TITLE: \_\_\_\_\_

REPORTING MANAGER: \_\_\_\_\_

REQUISITION #: \_\_\_\_\_ New Salary/Wage: \$\_\_\_\_\_.\_\_\_\_  Hourly    Yearly    One Time Stipend: \$\_\_\_\_\_.\_\_\_\_

Exempt    Non-Exempt   Old Salary/Wage: \$\_\_\_\_\_.\_\_\_\_  Hourly    Yearly

Number of Hours: New \_\_\_\_\_ Old: \_\_\_\_\_ FTE: \_\_\_\_\_.\_\_\_\_ Temporary assignment length from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position Status:    12 month    10 month    9 month    Seasonal    Other \_\_\_\_\_

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

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

**PLEASE CHECK ALL THAT APPLY:**

- STATUS:  Full-Time, Reg.    Part-Time, Reg.    Full-Time, Temp.    Part-Time, Temp.    Seasonal  
CLASS:  Executive    Administrator    Professional Staff    Staff    Per Diem\*  
UNION:  PSSA Union    Facilities Union    Food Service Union    Public Safety Union

**FOR TRANSFERS/PROMOTIONS/RECLASSIFICATIONS APPROVED BY HR:**

From: Title: \_\_\_\_\_ Grade: \_\_\_\_\_

To: Title: \_\_\_\_\_ Grade: \_\_\_\_\_

**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
	Manager:	/ /
	SVP/VP/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: \_\_\_\_/\_\_\_\_/\_\_\_\_