



Name				Empl ID Number	
Home Address				Telephone #	
Title				Title Code	
Department					
Gender		Education Code		Experience Credit	

**SECTION 1: APPOINTMENT ACTION**

Action Taken										
Begin Date		End Date		FTE/Credits Sem 1						
Begin Date		End Date		FTE/Credits Sem 2						
Base Salary	Account Information									
Amount	Fund		Program		Account		Project		%	
Amount	Fund		Program		Account		Project		%	
Amount	Fund		Program		Account		Project		%	
Amount	Fund		Program		Account		Project		%	
Total Salary									Total % (must equal 100)	

Explanation (e.g. rationale for additional payment, additional funding lines and percentages, etc.)

**SECTION 2: OTHER PAYMENT**

Action Taken										
Begin Date		End Date		FTE/# of Credits						
Base Salary	Account Information									
Amount	Fund		Program		Account		Project		%	
Amount	Fund		Program		Account		Project		%	
Amount	Fund		Program		Account		Project		%	
Amount	Fund		Program		Account		Project		%	
Total Salary									Total % (must equal 100)	

Explanation (e.g. rationale for additional payment, additional funding lines and percentages, etc.)

Signature (if overload)				Date	
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SECTION 3: LEAVE				
Begin of Leave		End of Leave		% Of Leave
Reason				

SECTION 4: AUTHORIZING SIGNATURES	
Chair/Assoc. Dean/Director	Date
Dean	Date
Vice/Asst. Chancellor	Date
General Ledger/Controller	Date
Budget Director	Date
Payroll	Date