

# PERSONNEL ACTION NOTICE (PAN)



Office of Human Resources  
2019 - 2020

<b>BASIC</b>	Name _____	Employee ID _____
	Department _____	Current Title _____

<b>REASON</b>	<input type="checkbox"/> New Hire	<input type="checkbox"/> Rate Change	<input type="checkbox"/> Termination
	<input type="checkbox"/> Rehire	<input type="checkbox"/> Stipend	
	<input type="checkbox"/> Status Change	<input type="checkbox"/> Leave	Effective Date _____

<b>STATUS CHANGE</b>	<input type="checkbox"/> Merit	<input type="checkbox"/> Transfer	<input type="checkbox"/> FT Salary	<input type="checkbox"/> Student
	<input type="checkbox"/> Promotion	<input type="checkbox"/> Bonus	<input type="checkbox"/> FT Hourly	<input type="checkbox"/> Contract
			<input type="checkbox"/> PT Hourly	
	Effective Date _____	Budget Line Item _____		
	Current Salary _____	New Salary _____		
	Bonus Amount _____	Date to be Paid _____		
	<b>Change</b>	<b>From</b>	<b>To</b>	
	Department _____	_____	_____	
	Job Title _____	_____	_____	
	Salary _____	_____	_____	
Budget Line Item _____	_____	_____		

<b>ONBOARDING NEEDS</b>	For HR Purposes – Please check mark what the New Hire will need:	
	<input type="checkbox"/> Email Address / Computer Login	<input type="checkbox"/> Work Laptop
	<input type="checkbox"/> Phone Extension	<input type="checkbox"/> Work Desktop
	<input type="checkbox"/> Building Keys	<input type="checkbox"/> Work Cell Phone
	<input type="checkbox"/> ID Badge / Badge Access Permissions	<input type="checkbox"/> Business Cards
	<input type="checkbox"/> Name Tag	<input type="checkbox"/> Name Plate for Desk
	<input type="checkbox"/> Debit / Credit Card	<input type="checkbox"/> Other: _____

<b>SIGNATURE</b>	_____	_____	_____	_____
	Human Resources	Date	Department Director	Date
	_____	_____	_____	_____
	President	Date	Vice President of Administration	Date

**HEALTH INSURANCE**

Eligible  Yes  No Effective Date \_\_\_\_\_

Administrative  Assistant Director/Faculty  Director

Comments:

**STIPENDS**

External Study  Independent Study  Directed Study

Amount Requested \_\_\_\_\_ Course \_\_\_\_\_

Number of Students \_\_\_\_\_ Student Names \_\_\_\_\_

Budget Number \_\_\_\_\_

Below Minimum Class Amount \_\_\_\_\_ Calculation \_\_\_\_\_

**Overloads**

Semester \_\_\_\_\_ Amount \_\_\_\_\_ Budget \_\_\_\_\_

Number of Credit Hours \_\_\_\_\_ Calculation \_\_\_\_\_

**Course Development**

Amount \_\_\_\_\_ Course \_\_\_\_\_

Other \_\_\_\_\_

**LEAVE**

FMLA  Military  Other - Explain \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**TERMINATION**

Retirement  Death  Resigned  Discharged  Layoff

Last Day Worked \_\_\_\_\_ Termination Date \_\_\_\_\_

Vacation Amount Owed \_\_\_\_\_

Severance Amount \_\_\_\_\_ To be Paid  Lump Sum  Paid Over the Payroll

**TERMINATION- HR**

For HR Purposes – Please check mark what the Employee has been assigned:

Email Address / Computer Login  Work Laptop

Phone Extension  Work Desktop

Building Keys  Work Cell Phone

ID Badge / Badge Access Permissions  Debit / Credit Card

Other: \_\_\_\_\_

