



Personnel Action Notice (PAN)

Last Name	First Name	Middle Name/MI	Employee ID (Not SSN)	Budgeted Position #	Budgeted Salary

Department	Division/Parent Unit	Reports To (Name of Supervisor)

Effective Date	Action <i>(If Action needed is not listed leave blank and use comment block below)</i>	Reason <i>(If Reason needed is not listed leave blank and use comment block below)</i>
	<i>Start Work</i>	
	<i>Stop Work</i>	
	<i>Modification</i>	
Start Date: _____	<i>Additional Assignment** / Additional Compensation (FACULTY)</i>	Justification:
End Date: _____		
Start Date: _____	<i>Additional Assignment / Additional Compensation (STAFF)</i>	Justification:
End Date: _____		

**For faculty with additional assignments or part-time faculty, please provide course names, crn numbers, and number of credit hours in the Comment section below.

Job Code	Job Title	Pay Grade	FTE

Payroll Info

<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Limited Term	<input type="checkbox"/> 12-Month Faculty <input type="checkbox"/> Staff / Hourly <input type="checkbox"/> Administrator (Dean, Associate VP, VP, President)	<input type="checkbox"/> 10-Month Faculty <input type="checkbox"/> Professional/Admin	<input type="checkbox"/> PT/Adjunct Faculty <input type="checkbox"/> Graduate Asst
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Pay Rate/Salary	If Staff/Hourly	If Part-Time/Adjunct Faculty or Graduate Asst or Lump Sum Payment	If 12-Month Faculty, 10-Month Faculty, Professional/Admin, or Administrator	Pay Frequency		
\$	<input type="checkbox"/> Hourly Rt	<input type="checkbox"/> Monthly Rate	<input type="checkbox"/> Annual Rate	<input type="checkbox"/> Biweekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Single Lump Sum Payment

Budget Info

Budget Acct# (Ex. 10000 4011000 16300 11000) (See Chart of Accounts on the N: drive)	Position funded by grant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Benefitted Position <input type="checkbox"/> Yes <input type="checkbox"/> No
	Grant #: _____	

Comments:

Print Name	Signature	Date
Prepared by		
Department Head		
Dean		
VP/Administrative Officer		
VPBF/Budget Manager		
Human Resources		
HRIS		