



UNIVERSITY OF SOUTH ALABAMA
USA HEALTHCARE MANAGEMENT, LLC
UNIV OF SOUTH AL HEALTH CARE AUTHORITY
PERSONNEL ACTION FORM

Date Prepared _____
Contact Person _____
Telephone _____

This form must be completed in Adobe.

1. EMPLOYEE INFORMATION

Name _____ J# _____
Last First Middle Init

2. REASON FOR ACTION (Check all that apply.)

Appointment Resignation Layoff Labor Distribution Change
Salary Change Retirement Transfer Other _____
Promotion Termination One-Time Payment

3. CURRENT EMPLOYEE STATUS (Check one from a, b, and c.)

a. Regular b. Full-time c. Faculty Administrative
Temp / PRN Part-time Coach Staff Exempt
Staff Non-Exempt

Position # _____ Position Title _____ Department/Unit Name _____
FTE _____ Total Annual Full-Time Salary _____ Hourly Rate _____ One-Time Payment _____

Salary Components
(Whole Dollars/Full-Time)

BASE _____
STIPEND _____
OTHER _____

BANNER				% EMP SALARY	DOLLAR AMOUNT
FUND	ORGN	ACCT	PROG		
TOTALS					

4. PROPOSED EMPLOYEE STATUS (Check one from a, b, and c.)

a. Regular b. Full-time c. Faculty Administrative
Temp / PRN Part-time Coach Staff Exempt
Staff Non-Exempt

Position # _____ Position Title _____ Department/Unit Name _____
FTE _____ Total Annual Full-Time Salary _____ Hourly Rate _____ One-Time Payment _____

Salary Components
(Whole Dollars/Full-Time)

BASE _____
STIPEND _____
OTHER _____

BANNER				% EMP SALARY	DOLLAR AMOUNT
FUND	ORGN	ACCT	PROG		
TOTALS					

5. COMMENTS

6. EFFECTIVE DATES

EFFECTIVE DATE _____
END DATE _____