## **PERSONNEL ACTION FORM**

TEACHEDS COLLEGE		Department:				Date	Date:			
TEACHERS CO			Project/Center:							
COLUMBIA UNIVERSITY			Dept./Center Box #:				Ext:	Ext:		
Name:			Does the employee have any relatives cur employed at TC?YES NO				T#:	T#:		
Title:						Pay Grade:		Pay	Pay Step:	
From Date: To Date:						Term:				
Salary Information:	Appointm	ent	Туре	indicate code # Course Num			nber I Se	ber I Section Number:		
① Choose one:	A	.ppt.	. type	code:		/				
Part Time Full Time	Appt. revision code(s):					/				
② Indicate one:	Docket Information (if applicable):					/				
% Full Time Base: OR	Docket Date:				,	,				
Hours worked per week:		Highest Degree:					,			
③ Fill in at least one:	Salary Allocation:									
Weekly Salary:	-			ex	Acco	ount	%		Subtotal	
Monthly Salary:										
FT Annual Base:										
Salary for Appt. Period:										
Hourly Rate:										
· —										
Imputed Hours per Pay Period:  One Time Payment:										
Special permission required for One Time Payments										
Comments:										
							. 1 91			
All G		rants must be approved by the				Total Should = 100%				
Attach supporting documentation as appropriate							Shaded cells should agree			
Requested by: Date:				Recommended by: Date:						
Print Name:				Print Name:						
Sign Name:				Sign Name:						
(Dept. Administrator / Principal Investigator / Center Director)				(Department Chair / Department Head)						
For Human Resources Use Only:  New Position # Suffix				Gross Salary per Pay Period \$						
Old Position # Suffix										
Retro Period Retro Pay \$				For Payroll Office Use Only						
Approved by: Date:				Entered by: Date:						
HR Comments Regarding Processing:				For Dean's/ VP Finance and Administration's Office Use Only:						
				Approved b	oy:			]	Date:	