## THE UNIVERSITY OF VERMONT PERSONNEL ACTION CHANGE FORM

EMPLOYEE NAME (Last, First, Middle)					Employee ID:						
POSITION #: POSITION TITLE:			EMPL			REC #: UNIO			N CODE:		
DEF	PARTMENT NAME and #:		EMP			_ CLASS:					
TABLE A: Check the Action Reason(s) and note effective date(s) below.						TABLE B: Sep. Reasons/ Vacation					
х	ACTION REASON:	EFF. DATE:	EFF. DATE: ADDITIONAL INSTRUCTIONS:			SEPARATION REASON:					
	GAP START		For part-time "U2" represented	nted lecturers only.			Chronic Absenteeism			Misconduct	
	GAP END (Return to Active Status)		For part-time "U2" represented	represented lecturers only.			Death			Mutual Consent	
	JOB DATA CHANGE/ UPDATE	Indicate in Table C.	Indicate changes/ updates below in Table C.				Elimination of Position			Personal	
	JOB TRANSFER		Attach a Set-Up Position Form for new job.			End of Fixed			Reasons Relocation		
			Indicate current and new titles in Table C.			Term Contract Grad Assignment					
		Indicate in Table C.				Completed			Resignation		
	LEAVE OF ABSENCE With Benefits Without Benefits	Indicate in Table C.		Indicate changes in 'Leave' field/s in Table C. Attach a LOA Form if beginning a leave.			Gross Misconduct			Resignation- Other Position	
	RECLASSIFICATION	Indicate in Table C.	Indicate Position Title, Job Co Salary/Pay Rate changes belo	osition Title, Job Code and v Rate changes below in Table C.			Health Reaso			Retirement	
	RETIREMENT		Indicate vacation hours in Tab	le B, note if	'O'		Inability to Per Essential Fu			Return to School	
	SABBATICAL	Indicate in Table C.	Indicate 100% or 77.3% FTE a in the 'Sabbatical' field in Table				Job Dissatisf	faction		Staff Reduction	
	SEPARATION/ TERMINATION		Select reason at right. Indicat hours in Table B, note if 'O'				Vacation Hours Owed: F			e note if 'O'	
	OTHER	ER Indicate details in 'Comments' section below.				Hrs: OR 'O' (Zero)					
TABLE C: Indicate the update(s) and change(s) below. Please refer to the 'Job Data' tabs in PeopleSoft for current information.											
Х	CHANGE:		CURRENT:		R	EVISED:				EFF. DATE	
	ASSIGNMENT FTE										
	ASSIGN. TERM (4, 5, 9, 10, 11, 12 mths)										
	BUSINESS UNIT & BUS UNIT #										
	DEPARTMENT & DEPT # (of employee)										
	EXEMPT/ NON-EXEMPT										
	JOB INDICATOR (Primary, Secondary)										
	LEAVE OF ABSENCE START										
	LEAVE OF ABSENCE RETURN										
	POSITION #										
	REPORTS TO & THEIR POSITION #										
	SALARY/ PAY RATE										
	SABBATICAL START	FTE	\$	FTE		\$					
	SABBATICAL RETURN	FTE	\$	FTE		\$					
	SHIFT					•			_		
	TENURE STATUS								+		
	TITLE & JOB CODE								+		
	UNION CODE								+		
	WORKING TITLE								+		
	OTHER (please specify in Comments below	0							+		
<b>TABLE D:</b> For changes to the Position Allowance Model (P.A.M.) funding components, please email a completed Position Change Order (PCO) form.   (The PCO is available at http://www.uvm.edu/~ofabweb/)											
REQUIRED- SELECT ONE: No P.A.M. Changes P.A.M. Changes; Updated PCO Emailed N/A											
			COMMENTS:								
	FORM PREPARED BY DATE	010									
		50P	SUPERVISOR DATE			DEAN/ APPROPRIATE ADMINISTRATOR DATE					
PROCESSED: CLASS & COMP PAYROLL RECORDS FAB page of											