

Personnel Action Form

HR Website: https://www.centralstate.edu/about-csu-administration/human-resources
CSU ID:

The section numbers indicated under each selection are mandatory completion.

Shaded section completed by Human Resources

Faculty Adjunct Faculty Staff Graduate Assistant

1	Name (First, Middle, Last)									Social Security No.			Effective Date			
-	,,								MALE SOCIAL SE				Start		End	
	Type Of Person	nel Action(s)	- Complete Sections Liste	d For Action(s)	Checked.											
ACTIONS	New Hire Rehire	Internal Transfer	Add'l Services Supplemental Pay	Change in Pay Rate	Change in Account	Title Change	Corrections	Summe	r Ove			TWL Interim	Leave of Absence	Voluntary Separation	Involuntary Separation	COE
PERSONNEL ACTIONS	Section 1,2,3,6 Bargaining Unit	Section 1,2,3,6	Section 1,2,3,6	Section 1,2,3,6	Section 1,2,3,6	Section 1,2,3,6	Section 1,2,3,6 Work Lo	Section 1,2,3,6		ection 1,2,3,6	Section 1,2,3,6	Section 1,2,3,6	Section 1,3,5,6	Section 1,3,4,6	Section 1,3,4,6	Section 1,2,3,4,6
	Employee Mork	Location /Pr	uilding\						-		200 21		Superviso	_		
	Employee Work Location (Building)							Room Number			Office Pho	one Number	Superviso			
	Job Title					Department/Pro	ject					Division				
2			<u> </u>													
BUDGET	Position Number		E&G Title III	Grants	Foundation	Pay Frequency Bi-Weekly Monthly		Hourly Rate		Payroll Salary Rate		te	Fund Code		Fund Code	
	Fund Code Org Code			Acct	Number	Prog	ram	F	Percentage				Benefits Eligibility			
											Full-Time Interi Benefits Benef Eligible Eligib		im Part-Time fits No ole Benefits		Temporary No Benefits	
3																
COMMENTS																
4																
SEPARATION	Reason												e Separation Process to ensure all required separation umentation is submitted to Human Resources.			
	Department-Project/College-Division									Account N	umber	Job Title				
	Street Address For Forwarding (If Different From Current)						City			State			Zip			
LEAVE 57	Last Day W	orked	Expected Return	Date	Actual Re	eturn Date	Early Ret	urn	Return	on Time	Ext	tension		Worker'	s Comp?	
	eave Of Absence Form:											YES NO)		
6	RECEIVED PENDING						Type of Leave: FMLA			MEDICAL MILITARY F			PERSONAL SABBATICAL Unpaid Leave			
APPROVAL	1) Director/ Dean Date							4	4) Area Vice President/ Provost						Date	
	2) Title III Dat							5) Budget						Date	
	3) Grants/Foundation Date							6	6) Human Resources						Date	
	7) Vice President Administration & Finance/CFO Da						Date	8	8) President D						Date	



Personnel Action Form

Signature Statement

Instructions: Review and Check Applicable Section

FACULTY EMPLOYEES:

The Appointee's signature on this form and with the approval of the Board of Trustees will become a contract between you, the Appointee, and Central State University, Wilberforce, Ohio. The Appointee shall faithfully perform such teaching duties assigned to him by the Chairperson of each department of which Appointee is a member and such other duties as are usually generally associated with such responsibility as described in general in the Faculty Handbook. The applicable provision of the Ohio Revised Code, all applicable actions of the University's Board of Trustee, Faculty Handbook, as amended, and AAUP contract are hereby made a part of and incorporated into this agreement by reference.

ADJUNCT EMPLOYEES:

The Appointee's signature on this form and with the approval of the Board of Trustees will become a contract between you, the Appointee, and Central State University, Wilberforce, Ohio. The Appointee shall faithfully perform such teaching duties assigned to him by the Chairperson of each department of which Appointee is a member and such other duties as are usually generally associated with such responsibility as described in general in the Faculty Handbook. The applicable provision of the Ohio Revised Code, all applicable actions of the University's Board of Trustee, Faculty Handbook, as amended, and AAUP contract are hereby made a part of and incorporated into this agreement by reference.

- (1) Termination of Contract for Cause: Neither party shall have the right to terminate this agreement before the expiration of the term hereunder except for provisions and associated procedures stated in the Faculty Handbook and AAUP contract.
- (2) This agreement is subject to adequate appropriation by the Ohio State Legislature.
- (3) No more than 8 hours or two (2) courses will be assigned to adjuncts who are not regular CSU employees
- (4) Course assignments are contingent upon enrollment and subject to cancellation.
- (5) Final payment is contingent upon timely submission of final grades.

GRANT-FUNDED EMPLOYEES:

Appointee's signature on this form and with the consent of the Board of Trustee will become a contract between you (the Appointee) and Central State University, Wilberforce, Ohio. The Appointee agrees to perform faithfully the duties, as designated in the grant agreement to the best of Appointee's ability and will advise the immediate supervisor of any activities in which Appointee may engage, that may affect Appointee's employment relationship with the University and will not accept employment outside the University without prior written consent from the President. The pertinent provision of the Ohio Revised Code, Constitution, and actions of the Board of Trustee are hereby incorporated into this agreement by reference.

CLASSIFIED/UNCLASSIFIED EMPLOYEES:

The Appointee's signature on this form and with the approval of the Board of Trustee will become a contract between you (the Appointee) and Central State University, Wilberforce, Ohio. This contract will be subject to all policies, rules, regulations, union contract (if applicable) and the availability of adequate funding. The Appointee shall have the right to terminate this agreement by submitting a written resignation to the President not less than thirty (30) days prior to its effective dates; and the University may terminate this agreement prior to the expiration hereof on thirty (30) days notice to the Appointee or at any time for cause without notice. The University reserves the right and has the option to terminate this agreement if the Appointee becomes permanently disabled.

Signature Date