# **TEACHERS COLLEGE - COLUMBIA UNIVERSITY - Personnel Action Form Instructions**

This form is to be used to:

- request a salary action for a TC employee to be paid on appointment
- request a one time payment for a TC employee
- request an honorary appointment (requests for honorary appointments should be sent only to the Dean's Office.)

### This form is <u>not</u> to be used to:

• request changes in labor distribution. The **Revision of Labor Distribution** form should be used for that purpose.

## Department Use:

#### General Information

Enter the Department name, Program/Center name, Department/Center TC Box #, your extension, along with the date the form is being completed. Also, enter the appointee's name as filed with IRS, social security number, title, pay grade or pay step (when available), the appointment start date and end date (appointments may span over two fiscal years), and the term of the appointment (for academic appointments only.)

### Salary Information (leave blank for honorary appointments)

Check Full Time or Part Time (not required for one time payments). Fill in either the monthly rate (for professional and academic staff) or the weekly rate (for clerical/secretarial staff); or the full time annual base; or the salary for the appointment period or all of the above. One or more of these amounts *must* be provided.

### Appointment Type

Based on the table below, please fill in *one* appointment type code (10 or 20 or 30 or 40 or 50 or 60). If the appointment is a revision please fill all revision codes that apply.

Appointment Type			Code
New appointment (for a new hire or for a transfer to a new position)			10
Continuing appointment (for the renewal of an appointment that is about to end)			20
Supplemental appointment			30
Honorary appointment			40
One Time Payment (supporting documentation must be provided)			50
Revised appointment (for the revision of any of the items listed below)			60
Appointment Revision for:			
Classification Change	61	Promotion	64
Salary Change	62	Date Change	65
Title Change	63	Reinstatement from leave	66

### Docket Information

Please indicate expected docket date for Visiting and Adjunct appointments and highest degree earned. Docket date may be obtained in Dean's Office.

### Salary Allocation

Please indicate the distribution of the salary charges. Only one distribution can be requested per appointment form. Requests for changes in distributions can be made using the **Revision of Labor Distribution** form. One hundred percent of the salary must be allocated and the total amount should agree with the salary for the appointment period. Applicable comments (clarification of above or additional information) should be noted in the "Comments" section.

### Authorizations

The department head, principal investigator, or center director should sign the line designated "Requested by." The hierarchical superior of the requesting department head should sign and date the line entitled "Recommended by."

### Controller's Office Use:

Provide the position number (and old position number if applicable), job location code, and gross salary per pay period. If both full time annual base and salary for appointment period are not completed, calculate the missing amount and enter it in the appropriate line, initialing the change. Sign and date the "Approved by" line.

### Payroll Office Use:

Note the date the appointment information was entered into the payroll system using the NBAJOBS — and/or PHAHOUR for retroactive payments — data entry forms, the name of the operator, and the next applicable pay date for the employee.

### Personnel Office Use:

For new employees only, note the probation ending date when applicable. Sign and date the "Approved by" line.

Dean's Office / VP Finance and Administration Use: Sign and date the "Approved by" line.