


PERSONNEL ACTION FORM

	TEACHERS COLLEGE COLUMBIA UNIVERSITY		Department: _____		Date: _____		
	Project/Center: _____						
	Dept./Center Box #: _____			Ext: _____			
Name: _____			Does the employee have any relatives currently employed at TC? <u> </u> YES <u> </u> NO <u> </u>		T#: _____		
Title: _____			Pay Grade: _____		Pay Step: _____		
From Date: _____		To Date: _____		Term: _____			
<i>Salary Information:</i> ① Choose one: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time		<i>Appointment Type: indicate code #</i> Appt. type code: _____ Appt. revision code(s): _____		<i>Course Number / Section Number:</i> _____ / _____ _____ / _____ _____ / _____ _____ / _____			
② Indicate one: % Full Time Base: OR Hours worked per week:		<i>Docket Information (if applicable):</i> Docket Date: _____ Highest Degree: _____					
③ Fill in at least one : Weekly Salary: Monthly Salary: FT Annual Base: Salary for Appt. Period: Hourly Rate: Imputed Hours per Pay Period: One Time Payment: <i>Special permission required for One Time Payments</i> Comments: <i>Attach supporting documentation as appropriate</i>			<i>Salary Allocation:</i>				
			Index	Account	%	Subtotal	
All Grants must be approved by the Grants & Contracts Office			Total Should = 100% Shaded cells should agree				
Requested by: _____ Date: _____			Recommended by: _____ Date: _____				
Print Name: _____			Print Name: _____				
Sign Name: _____ <small>(Dept. Administrator / Principal Investigator / Center Director)</small>			Sign Name: _____ <small>(Department Chair / Department Head)</small>				
For Human Resources Use Only: New Position # _____ Suffix _____ Old Position # _____ Suffix _____ Retro Period _____ Retro Pay \$ _____ Approved by: _____ Date: _____			Gross Salary per Pay Period \$ _____ Title Code (Job Loc.): _____ Type Code (Longevity): _____ For Payroll Office Use Only: Next Pay Date: _____ Entered by: _____ Date: _____				
HR Comments Regarding Processing: _____ _____			For Dean's/ VP Finance and Administration's Office Use Only: Approved by: _____ Date: _____				