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4.103:02 Employee Action Form

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ANTIOCH UNIVERSITY

EMPLOYEE ACTION FORM

DEPARTMENT NAME: _____ DATE: _____

NEW CHANGE OTHER

AUEID #: _____

NAME: _____ INTRODUCTORY PERIOD: _____

JOB TITLE: _____ SOC CODE: _____ VACATION AWARD: _____

REQUIRED

Weeks/HRS

Monthly Salary Rate: _____ **Annual Salary:** _____

of Pays: _____ **Hours Per Week:** _____

% of Time: _____ **Base Salary 100% Time:** _____

ONE TIME ADJUSTMENT: _____ (Adjunct/Affiliate) **Assignment Credit Hours:** _____

Effective Date: From: _____ **To:** _____

BW Salary: _____ **BW Hourly Rate:** _____

Work Schedule: _____ **Hours Per Week:** _____

of Pays: _____

Comments: _____

Charge Account:

PERCENTAGE

LINE ITEM KEY

_____ - _____ - _____ - _____

50005 – CORE FACULTY

50030 – CORE FACULTY OVERLOAD

50010 – ONE YEAR FACULTY

50015 – AFFILIATE FACULTY

50020 – ADJUNCT FACULTY

50100 – ADMINISTRATOR

50105 – ADMINISTRATIVE ASSOCIATE

50025 – TEACHING ASSISTANT

50110 – UNION STAFF

50115 – NON-UNION STAFF

50120 – PART TIME NO BENEFITS

50125 – TEMP (Short Term)

Signatures & Date

REGIONAL CHIEF FINANCIAL OFFICER - DATE

PROVOST / DESIGNEE - DATE

HUMAN RESOURCES - DATE

SUPERVISOR / DEPARTMENT HEAD - DATE

BOARD POLICY REQUIRES MINIMUM OF TWO SIGNATURES – REGIONAL CFO MUST SIGN.
EMPLOYEE DATA FORM, 1-9, TAX FORMS, & BENEFIT FORM MUST ACCOMPANY THIS COMPLETED FORM.