



**UNIVERSITY OF SOUTH ALABAMA
GRADUATE PERSONNEL ACTION FORM**

This form must be completed in Adobe.

Date Prepared _____
Contact Person _____
Telephone _____

A complete and fully executed Graduate Personnel Action Form is necessary before the University can accept liability for the graduate employment of any persons. Personnel Actions must have approvals in advance of the first day of work. No persons outside the University are routinely provided this information.

TYPE

MASTER	DOCTORAL
<input type="checkbox"/> Research Graduate Assistant	<input type="checkbox"/> Research
<input type="checkbox"/> Teaching Graduate Assistant	<input type="checkbox"/> Teaching
<input type="checkbox"/> Graduate Assistant I	
<input type="checkbox"/> Graduate Assistant II	

REASON FOR ACTION

<input type="checkbox"/> Appointment	<input type="checkbox"/> Termination	<input type="checkbox"/> Salary Change
<input type="checkbox"/> Reappointment	<input type="checkbox"/> Resignation	<input type="checkbox"/> Change Funding Source

STUDENT INFORMATION

Name _____ **SS#** _____
Last First Middle Init

Address _____ **J#** **J** _____
Street City State Zip

E-mail Address _____ **Citizenship/Visa Status** _____
(For International Students Only)

C U R R E N T

College _____ Department _____

Total Period Payment _____ Pay Check Location _____ Timesheet Location _____

Period Options (Check all that apply)

Fall Semester

Spring Semester

Summer Semester

Other Dates

FUND	ORGN	ACCT	PROG	% STD SALARY	DOLLAR AMOUNT
TOTALS					

P R O T O T A L S

College _____ Department _____

Total Period Payment _____ Pay Check Location _____ Timesheet Location _____

Period Options (Check all that apply)

Fall Semester

Spring Semester

Summer Semester

Other Dates

FUND	ORGN	ACCT	PROG	% STD SALARY	DOLLAR AMOUNT
TOTALS					

COMMENTS

EFFECTIVE DATES	START DATE	END DATE

APPROVALS

DEPARTMENT CHAIR _____ DATE _____	DEAN, GRADUATE SCHOOL/COM BUSINESS OFFICE _____ DATE _____
GRANT PRINCIPAL INVESTIGATOR _____ DATE _____	ENROLLMENT SERVICES _____ DATE _____
GRADUATE DIRECTOR _____ DATE _____	BUDGET OFFICE _____ DATE _____