

**UNIVERSITY OF FLORIDA
A & P / ACADEMIC PERSONNEL
TRANSACTION FORM**



I.

Last Name _____ First Name _____ Middle Name _____

Social Security No: _____ Race: _____ Sex: _____

PO Box: _____ Campus Locator: _____

Off Campus Mailing Address: _____

Work Phone Number: (_____) _____

College(s): _____

Department(s): _____

Originated by: _____

Phone Number: _____

Date: _____

II.

Present title(s): _____

Is appointee working on a graduate degree at the University of Florida? _____

Is appointee related to any other UF employee? _____

If yes, give name of other employee, and indicate relationship, current title, and division in which individual is employed. _____

Indication of Compliance with UF
Affirmative Action Plan
Yes _____ N/A _____

111. Effective Dates:
From _____ to _____

<input type="checkbox"/> New Appointment	<input type="checkbox"/> Change in Title
<input type="checkbox"/> Previously Employed	<input type="checkbox"/> Promotion
Last day worked _____	<input type="checkbox"/> Salary Increase
Previous title _____	<input type="checkbox"/> Declination
<input type="checkbox"/> Reappointment	<input type="checkbox"/> Assign Link
<input type="checkbox"/> Change in Salary Source	_____ (A&P Only)
<input type="checkbox"/> Change FTE Distribution	<input type="checkbox"/> Ctsy Appt
<input type="checkbox"/> Change in Total % of Time	
<input type="checkbox"/> Leave of Absence	
<input type="checkbox"/> Return from Leave of Absence	
<input type="checkbox"/> Other _____	

IV

Resignation: _____ Retirement: _____ Termination: _____

Last Work Day: _____

Last Day of Employment: _____

Hours Terminal Leave: _____

Reason for Leaving: _____

Terminal Interview Date: _____

FOR COLLEGE USE

of BW _____

(1) (2) (3)

Amount Req.: _____ / _____ / _____

Manyears: _____ / _____ / _____

DO NOT WRITE IN THIS SPACE

TC _____ CB _____ Unit _____

Processed by: _____

V. BUDGETARY REFERENCES (if salary is to be paid from more than one budgetary unit, show all account numbers and LP#s)

JOB CODE	ACCOUNT NUMBER	LP. NO.	FTE	BWK RATE	CONTRACTUAL RATE OF PAY	OCC CODE	TITLE	TKL
	4910-							
	4910-							
	4910-							
	4910-							

DELETE:

4910-	
4910-	
4910-	

REMARKS: _____

VI.

_____	Department Chair	Date	/	_____	Department Chair	Date
_____	Dean or Director	Date	/	_____	Dean or Director	Date
_____	Vice President, when required	Date				
_____	President	Date				