



Date \_\_\_\_\_  
Originated by \_\_\_\_\_  
Phone Number \_\_\_\_\_

UNIVERSITY OF FLORIDA  
PERSONNEL ACTION  
OTHER PERSONAL SERVICES

I. LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER	TITLE (i.e. Mr., Dr., Ms.)	
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## CAMPUS INFORMATION:

COLLEGE	DEPARTMENT NAME	PO BOX	BLDG	ROOM	WORK PHONE ( )
<p>Appointee is graduate degree candidate at University of Florida</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Other (Specify) _____</p> <p>Is appointee related to any other UF employee?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, give name of other employee, and indicate relationship, current title, and division in which individual is employed:</p> <p>_____</p> <p>_____</p> <p>_____</p>		<p>II. Effective Dates: From _____ to _____</p> <p><input type="checkbox"/> New Appointment <input type="checkbox"/> Previously Employed</p> <p>Last day worked _____</p> <p>Previous title _____</p> <p><input type="checkbox"/> Reappointment <input type="checkbox"/> Change in Account <input type="checkbox"/> Change in FTE <input type="checkbox"/> Change in Rate <input type="checkbox"/> Change in Title <input type="checkbox"/> Assign Link (for column B only) <input type="checkbox"/> 260 Attached <input type="checkbox"/> Declination <input type="checkbox"/> Termination/Resignation <input type="checkbox"/> Other _____</p>		REMARKS:	
<p><b>DO NOT WRITE IN THIS SPACE</b></p> <p>Processed by _____</p> <p>CB Unit _____ Code _____</p> <p>Ret _____ Visa _____</p> <p>Employment with UF will cease on the ending date of this appointment <input type="checkbox"/> Yes <input type="checkbox"/> No</p>					

## III.

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

## DELETE:

4910-		
4910-		
4910-		

## IV.

A. Adj/Vis Professor Adj/Vis Aso Prof Adj/Vis Ast Prof Adj/Vis Instructor Adj/Vis Lecturer Adj/Vis Aso In Adj/Vis Ast In Pos Doc Aso Pos Doc Fel Other	7 813 7 823 7 833 7 843 7 840 7 055 7 065 71T55 71T75	<input type="checkbox"/>	B. Resident ( <input type="checkbox"/> PMD) Intern ( <input type="checkbox"/> PMD) Clinical Fellow (PMD) Legal Writ Ast Legal Rsrch Ast Trainee Taxable Medical Ast Med Resrch Aso Other	7185H 7187H 79T85 7195E 7195W 7008J 7197M 7196M	<input type="checkbox"/>
If new hire, attach Form 270, letter(s) of recommendation/ transmittal, letter of offer, if applicable, and payroll sign-up materials					
If new hire, payroll sign-up materials may be attached.					

## ROUTING

## ROUTING

1. Appropriate Dean(s) or Director(s) 2. Academic Personnel Office, 29 Tigert, PO Box 113005	1. Appropriate Dean(s) or Director(s) 2. University Personnel Service, PO Box 115004, 429 Stadium
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## V.

Department Chair	Date	Dean	Date
Vice President, when required	Date	Academic Affairs	Date