CLAFLIN UNIVERSITY

PERSONNEL RECOMMENDATION FORM

DATE RECOMMENDED		DIVISION BUDGET	SPLIT % OR $	SOCIAL SECURITY NUMBER
	1			
	2			
	3			
	4			

I-9 STATUS ☐ US CITIZEN ☐ H1-B SPECIALTY WORKERS ☐ OTHER
☐ F1 ACADEMIC STUDENT ☐ J1 EXCHANGE VISITOR ☐ J2 DEPENDENT OF EXCHANGE VISITOR

VERIFICATION OF DOCUMENTATION ATTACHED: YES ☐ NO ☐ EXPLANATION

NAME (LAST, FIRST, M.I.)	POSITION TITLE	FACULTY ☐
		NON FACULTY ☐

ADDRESS (STREET, STATE & ZIP)	DATE OF BIRTH (mm/dd/yy)

GRANT TITLE (IF APPLICABLE)	DIVISION TITLE	DEPARTMENT TITLE

1 APPOINTMENT
☐ INITIAL ☐ REPLACEMENT
☐ RE-APPT ☐ TEMPORARY
☐ REINSTATEMENT ☑ OTHER

2 POSITION CHANGE
☐ CHANGE IN TIME ☐ PROMOTION
☐ TRANSFER ☐ DEMOTION
☐ INDEFINITE TENURE (FACULTY ONLY)

FILL IN APPROPRIATE BOXES BELOW FOR APPOINTMENT AND POSITION CHANGE

PROVIDE NEW ACCT NO. FOR POSITION CHANGE ONLY SALARY

DIVISION BUDGET	SPLIT % OR $	EFFECTIVE DATE		
			ANNUAL AMT ☐	
			HOURLY AMT ☐	
			STATUS	
			FULL-TIME ☐	HRS PER WK
			PART-TIME ☐	HRS PER WK

TERMS OF APPOINTMENT

PROBATION PERIOD	END OF CONTRACT PERIOD
ENTER MONTHS	

EXPLANATION REQUIRED:

3 SEPARATION
☑ RESIGNATION ☐ TERMINATION ☐ OTHER

LAST WORKING DAY	LEAVE BALANCE	AMOUNT PAID	TO BE PAID
	VAC DAYS	VAC PAY	DATE
	ANNUAL SALARY		

4 LEAVE OF ABSENCE
☐ WITH PAY ☐ WITHOUT PAY ☐ SABBATICAL

BEGINNING DATE	END DATE	EXPLANATION

RECOMMENDED BY (NAME & TITLE)	DATE (mm/dd/yy)	SUPPORTED BY (NAME & TITLE)	DATE (mm/dd/yy)
VP RECOMMENDING APPROVAL	DATE (mm/dd/yy)	DIRECTOR OF HUMAN RESOURCES	DATE (mm/dd/yy)
ACCOUNTING DEPT	DATE (mm/dd/yy)	PRESIDENT	DATE (mm/dd/yy)

SPONSORED PROGRAMS (GRANTS APPROVAL)
(Needed for Grant Related Accounts Only) DATE (mm/dd/yy)