



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

This form must be completed in Adobe.

Date Prepared _____
 Department _____
 Department Contact Person Information:
 Name _____
 Telephone _____
 J Number _____

A complete and fully executed Student Personnel Action Form is necessary before the University can accept liability for the student employment of any persons. A written justification along with this form must be sent to the Enrollment Services Office for all hourly wages exceeding \$13.00/hr for undergraduate or \$17.50/hr for graduate student assistants. Personnel Action Forms must have approval in advance of the first day of work. No persons outside the University are routinely provided this information.

REASON FOR ACTION (Check all that apply.)	EFFECTIVE DATE						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment</td> <td style="width:33%;">Change in hourly rate</td> <td style="width:33%;">Change in Approver/Proxy</td> </tr> <tr> <td>Reappointment</td> <td>Change funding source</td> <td>Resignation/Termination</td> </tr> </table>	Appointment	Change in hourly rate	Change in Approver/Proxy	Reappointment	Change funding source	Resignation/Termination	
Appointment	Change in hourly rate	Change in Approver/Proxy					
Reappointment	Change funding source	Resignation/Termination					

STUDENT INFORMATION

Name _____ Last 4 digits of SS# _____
Last First Middle Initial
 Local _____ J# J _____
 Address Street City State Zip _____
 USA/Jaguar E-mail Address _____ Citizenship/Visa Status _____
(For International Students Only)
 Immediate Supervisor's Name _____ Immediate Supervisor's Phone _____

CURRENT

Position of _____

FUND	ORGN	ACCT	PROG	% STD SALARY

BRIEF JOB DESCRIPTION/COMMENTS

Hourly/Semester

Hourly Semester \$ _____

PROPOSED

Position of _____

FUND	ORGN	ACCT	PROG	% STD SALARY

BRIEF JOB DESCRIPTION/COMMENTS

Hourly/Semester

Hourly Semester \$ _____

APPROVALS

_____ HEAD of DEPARTMENT/DIRECTOR	_____ DATE
_____ DEAN or ADMINISTRATIVE OFFICIAL	_____ DATE
_____ ENROLLMENT SERVICES <small>(Signature required only if hourly wages exceed \$13.00/hr for undergraduates OR \$17.50/hr for graduates)</small>	_____ DATE
_____ GRANTS and CONTRACTS ACCOUNTING <small>(Signature required for all grants except Federal Work Study)</small>	_____ DATE

STUDENT ASSISTANT/FEDERAL WORK STUDY

Complete Student Personnel Action Form at <http://www.southalabama.edu/departments/enrollmentservices/studentemployeeepolicy.html>

STUDENT ASSISTANT
Undergraduate

STUDENT ASSISTANT
Graduate

FEDERAL
Work Study

Head of
Department/Director

Head of
Department/Director

Head of
Department/Director

Dean or Administrative
Official

Dean or Administrative
Official

Dean or Administrative
Official

Payroll for Processing

Enrollment Services for
Approval

***A written justification for any salary request exceeding \$13.00/per hour for undergraduates and \$17.50 per hour for graduates MUST be attached to the Student Personnel Form.**

Salary
under
\$13.00

Salary
over
\$13.00

Salary
over
\$17.50

Salary
under
\$17.50

Grant Funded

NO

YES

YES

NO

Grant/Contracts for approval

Payroll for Processing