

Date: _____

PRF# Authorizing Position: _____

UNCLASSIFIED PERSONNEL DOCUMENT

New Hires/Changes in Appointment

Minnesota State University, Mankato
Human Resources

PERSON INFORMATION

Name Last	First	MI	Tech ID	Position Title (Include "Working Title" ex: Chairperson)	Budget Position No	Supervisor/Dean (Tech ID & Name)
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Barg Unit <input type="checkbox"/> 220 Excluded <input type="checkbox"/> 211 MSUAASF <input type="checkbox"/> 209 IFO <input type="checkbox"/> Adjunct	Faculty Rank <input type="checkbox"/> Professor <input type="checkbox"/> AssociateProf <input type="checkbox"/> Assistant Prof <input type="checkbox"/> Instructor	Other Agency Complete if currently employed at another state agency. Agency Name: _____
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NOTE: IF A CURRENT EMPLOYEE'S ON-CAMPUS ADDRESS/PHONE HAS CHANGED YOU MUST SUBMIT AN ON-CAMPUS INFORMATION CHANGE FORM (available at mnsu.edu/humanres)

Department (If split between 2 departments please list both)	College/School	Central Administration Division
1.	1.	1.
2.	2.	2.

APPOINTMENT INFORMATION

Action <input type="checkbox"/> New Employee <input type="checkbox"/> Summer Session <input type="checkbox"/> Previous Employee <input type="checkbox"/> Overload	Status <input type="checkbox"/> (1) Tenure <input type="checkbox"/> (8) Adjunct <input type="checkbox"/> (E) Externally Funded <input type="checkbox"/> (2) Probationary <input type="checkbox"/> (9) At will <input type="checkbox"/> (F) 4-Year Fixed Term <input type="checkbox"/> (3) Fixed Term <input type="checkbox"/> Intermittent <input type="checkbox"/> (R) ASF Special Prob. <input type="checkbox"/> (4) Permanent <input type="checkbox"/> (D) 2-Yr Fixed Term <input type="checkbox"/> (7) Non-Tenure Track	Begin Date	End Date	Decision Date	Base Salary
Funding Change: Old Acc# _____ New Acc# _____ Increase/Decrease Salary: From \$ _____ To \$ _____ Other: Please explain: _____		Does this position supervise others? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please list the previous incumbent: (if applicable) _____			

Separation <input type="checkbox"/> Non-Renewal <input type="checkbox"/> Dismissal <input type="checkbox"/> Retirement <input type="checkbox"/> Resignation <input type="checkbox"/> Deceased <input type="checkbox"/> Other	Last Date Worked: _____	Does this position supervise others? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please list the replacing supervisor: _____
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ASSIGNMENT INFORMATION

Workload Assignment	Primary Assn.	HR Only Assn Type	Begin Date	End Date	% Time	Duty Days	Credits	Teaching	ITV	Grad Only	Acct# (Cost Center)	% to Acct	Summer	Fall	Spring	Hourly Rate	Contract Dollars
													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

REVIEWED & APPROVED

I certify that this personnel action complies with MnSCU Board Policy 4.10 and 4.10.1: Nepotism. Available at www.mnsu.edu/humanres/policy/nepotism.pdf

_____	_____	Date
Dean		
_____	_____	Date
President or Vice President		
_____	_____	Date
Department Chair/Director/Supervisor	Human Resources	

COMMENTS

Total: _____

Prepared By _____ Phone _____

HR USE ONLY

PCN _____ Exempt Non-Exempt Job Code: _____ Range: _____ Step: _____ Emp Cond: _____ Emp Status: _____ Seq#: _____ Evaluation Date: _____