

HR/SWEC Only: Tracking #	ACADEMIC AFFAIRS RECRUITMENT USE ONLY						
	Position action:						
	Dean:	Budget Authority:					
	VP:	Grant Acctg:					

## PERSONNEL ACTION REQUEST FORM

James Ma	dison		12/17/18		x8-0	000	madis	ojx	00	00		6000	Admin	istration and	d Financ	ce
PAR Origi Section I: Emplo		nation	Date		Pho	one	e-II	)	MS	SC				Division		
First Name:	First Name: Middle Name:					Last Name:					Su	Suffix (i.e. Jr, Sr, III)				
Duke	ıke X					Dog										
Employee ID:				Stu	Student ID: (for student employees only) Soc					Social S	Security Number:					
000000000											0-00-0000					
Section II: Assign	gnment		· · · · · · · · · · · · · · · · · · ·										-			
Start/Effective Da	tive Date: End Date (Last day work				Replac	ces:					Class:			Shift:		
State Date										Not applical			able Not Applicable			
Position #:	Departme	ent Name:			Dept/Org Code:			Contract/MOU Ac			count Code:					
0000	Doghous	use			000000		Not Ap	Not Applicable		Choo	Choose One		-81	00		
Section III: Acti	on/Reason												01			
☐ Rehire ☐ Transfer Indic ☑ Additional Pay Notes: Moving a	Instruction	nal Faculty		Position Data C	n Change hange In	cate a rea e Indicate dicate a re e Indicate	a reason eason				□ L	Inpaid L Return fro	OA Incom Lea	ate a reason dicate a reas ve cate a reason	on	
Section IV: Job	Informatio															
Compensation: Additional Pay - Other (Specify Below						w)	An	Amount: 1,000.00				Proba	robation End Date:			
Working Title/Rank: Mascot							Contract	Contract Terms: Not Applicable			able	Tenure	Tenure Application Date:			
Campus Address/Building: 1 Doghouse Lane							Room:	oom: 0000 MSC:			0000			Work Phone: 000-0		000
Supervisor: Dolly Madison Supervisor Employe									ervisor tion#:			Supervisor e-ID:		madisodx		
Conditions of Emp	oloyment:															
FOR PART-TIM	E INSTRU	CTIONAL I	FACULTY	ONLY-	→ Co	urse #:		Sectio	n#:			T	otal cr	edit/contract	hours:	
WHEN HIRING The average numb The projected tota Part-time employe of the measurement	er of hours I number of es are limite at period, M	per week must hours for this ed to working	st be indicated assignment of the state of t	ted here - it must be an 29 ho	→ e indicate ours per w	eek on av	erage (a tot	al of 1,50	00 hours formed a	maxin at JMU.	num) over	r the cou		Hours per V Hours Total		
ection V: Signa Sudget Authority	tures	Dat	. 1	Dhono	Lange House	- ID		, D		> 100						
augor Additionly		Dat	C	Phone		e-ID	1	Iuman Re	esources	- MSC	7009		Date	Phone	1	e-ID
ean/AVP/Dir (If	applicable)	Date Phone			e-ID	e-ID Student Wo		ork Exp	ork Exp Ctr – MSC 3519			Date	Phone		e-ID	
rant Accounting (If applicable) Date Ph		Phone	one e-ID		P	Payroll – MSC 5706					Date	Phone		e-ID		
Tice President (If amplicable)																
/ice President (If applicable) Date Pho			Phone	ne e-ID										· ·		
uman Resource	s Use Only			-												
Role Title:						Role Code: Supervis				Restri Y/N	cted	eted Exempt / Non-Exempt				
ffective Date:		Pay Ban	d:		A	pproval:			1 4/14	a tieti	1/14		D	ate:		
ROG S.PRO	G ELE	M P	ROJ	CC		FUND	PE	RCENT			PSOFT			DATE		
				100							DM/IC			TDANCODA	DTC	