



TM

PERSONNEL ACTION FORM

For all regular professional, faculty and executive/administrative/managerial appointments.

Position Title _____

EMPLOYMENT CATEGORY

- 9-Month 12-Month Other (Specify) _____
 Faculty Executive/Administrative/Managerial Professional
 Existing Position New Position
 New Appointment Promotion Sabbatical Transfer Other (Specify) _____

PERIOD OF APPOINTMENT

Begins _____ Ends _____

Recommended Salary _____ Budgeted Salary _____

Source of Funds _____ Position/Job Number _____

RANK (If Applicable)

- Lecturer Instructor Assistant Professor Associate Professor Professor

Special Conditions: _____

PROFILE OF PERSON RECOMMENDED

Name _____ Previous Position Title _____

Years of Higher Education Experience _____ Years of Other Professional Experience _____

DEGREES

Institution/Year _____

Institution/Year _____

Institution/Year _____

Current/Last Employer _____

FOR ADDITIONAL COMMENTS, PLEASE USE BACK SIDE OF FORM.
Contact the Office of Human Resources at (580) 581-2245 if you have questions.

Dean/Director

Date

Appropriate Vice President

Date

President

Date