



# Academic Personnel Action (APA)

## The University of Toledo

- New Hire
- Additional Job
- Rehire
- Change

|   |  |   |   |                     |
|---|--|---|---|---------------------|
| Name (Last) _____ (First) _____ (Middle) _____  |  | Social Security Number _____  | Rocket ID _____   | Date of Birth _____ |
| Address Type _____  | Address (Number and Street) _____ (City) _____ (State) _____ (Zip Code) _____ (Nation) _____   |   |   |                     |
| Contract Type:<br><input type="checkbox"/> 9 Month <input type="checkbox"/> Term _____<br><input type="checkbox"/> 12 Months <input type="checkbox"/> Other _____ | Tenure Status:<br><input type="checkbox"/> Tenured <input type="checkbox"/> Non-Tenured<br><input type="checkbox"/> Tenure Track _____ | AAUP Status:<br><input type="checkbox"/> AAUP <input type="checkbox"/> Non-AAUP | <b>Related Forms Checklist (check if attached):</b><br><input type="checkbox"/> W-4 <input type="checkbox"/> PIF <input type="checkbox"/> DMA/TEL <input type="checkbox"/> SSA-1945 <input type="checkbox"/> Transcripts<br><input type="checkbox"/> State Tax <input type="checkbox"/> EED <input type="checkbox"/> STRS Enrollment/Rehire <input type="checkbox"/> I-9 <input type="checkbox"/> Letter of Appointment |                     |

### Change From (indicates employee currently in Banner):

|  |                                      |                                      |                                      |              |                   |
|--|--------------------------------------|--------------------------------------|--------------------------------------|--------------|-------------------|
| Home Dept Org _____  | Position Title _____                 | Primary Employee Class _____         |                                      |              | Check Distr _____ |
|  | First Distribution                   | Second Distribution                  | Third Distribution                   | Total Salary |                   |
| Position Control Number _____  | Primary: _____                       |                                      |                                      |              |                   |
| Index and Account _____  |                                      |                                      |                                      |              |                   |
| 9 Month Base Salary (if applicable) _____  |                                      |                                      |                                      |              |                   |
| 12 Month Base Salary (if applicable) _____   |                                      |                                      |                                      |              |                   |
| Administrative Stipend _____   |                                      |                                      |                                      |              |                   |
| Contract Amount _____  |                                      |                                      |                                      |              |                   |
| Percent of Full Weekly Load _____  |                                      |                                      |                                      |              |                   |
| Period of Contract _____   | Begin Date: _____<br>End Date: _____ | Begin Date: _____<br>End Date: _____ | Begin Date: _____<br>End Date: _____ |              |                   |
| <b>For Part-time Faculty only:</b><br>Assigned Credit Hours _____<br>Assigned Total Clinical Hours (if applicable) _____ |                                      |                                      |                                      |              |                   |

### Change To:

|  |                                      |                                      |                                      |              |                   |
|--|--------------------------------------|--------------------------------------|--------------------------------------|--------------|-------------------|
| Home Dept Org _____  | Position Title _____                 | Primary Employee Class _____         |                                      |              | Check Distr _____ |
|  | First Distribution                   | Second Distribution                  | Third Distribution                   | Total Salary |                   |
| Position Control Number _____  | Primary: _____                       |                                      |                                      |              |                   |
| Index and Account _____  |                                      |                                      |                                      |              |                   |
| 9 Month Base Salary (if applicable) _____  |                                      |                                      |                                      |              |                   |
| 12 Month Base Salary (if applicable) _____   |                                      |                                      |                                      |              |                   |
| Administrative Stipend _____   |                                      |                                      |                                      |              |                   |
| Contract Amount _____  |                                      |                                      |                                      |              |                   |
| Percent of Full Weekly Load _____  |                                      |                                      |                                      |              |                   |
| Period of Contract _____   | Begin Date: _____<br>End Date: _____ | Begin Date: _____<br>End Date: _____ | Begin Date: _____<br>End Date: _____ |              |                   |
| <b>For Part-time Faculty only:</b><br>Assigned Credit Hours _____<br>Assigned Total Clinical Hours (if applicable) _____ |                                      |                                      |                                      |              |                   |

### Additional Remarks/Explanations

|  |                         |                             |
|--|-------------------------|-----------------------------|
| List College, Course, Section Number, Actual Enrollment and Max Enrollment when appointment is instructional _____ | Job Change Reason _____ | Direct Supervisor PCN _____ |
|--|-------------------------|-----------------------------|

### Approvals

|  |            |                    |   |            |
|--|------------|--------------------|---|------------|
| Initiating Department/Business Manager<br><b>1</b> | Date _____ | Contact Ext. _____ |   |            |
| Dean/Designee or Supervisor<br><b>2</b>            | Date _____ | Contact Ext. _____ | Grants Accounting (If Applicable)<br><b>5</b> | Date _____ |
| Provost (if applicable)<br><b>3</b>                | Date _____ | Contact Ext. _____ | Budget (If Applicable)<br><b>6</b>            | Date _____ |
| <b>4</b>   | Date _____ |                    | Board of Trustees (If Applicable)<br><b>7</b> | Date _____ |