



Professional/Faculty Personnel Transaction Form

Use for new hires/rehires, or any employee status change.

(Do **not** use for temporary, student, or grad employees.)

Please complete ALL shaded areas, Incomplete PTF's will be returned to Department

| | | | | | | | |
|---|----------|---|------|--|------|--|--------|
| HR USE ONLY - NBAPOSN | | | | | | | |
| Position Number _____ | | Salaried _____ | | Hourly _____ | | | |
| PCLAS _____ | | State Class Code (PNOC) _____ | | | | | |
| Banner Title _____ | | PGROUP _____ | | | | | |
| Complete this section for ALL non-classified employees: | | | | | | | |
| Name (Last, First, MI) _____ | | | | Effective Date _____ | | | |
| Department _____ | | | | GID/Social Security # _____ | | | |
| MSU Address _____ | | | | Dept Phone _____ | | | |
| Position # _____ | | | | Job Title _____ | | | |
| Person Completing Form _____ | | | | Email Address _____ | | | |
| REASON FOR SUBMISSION CHECK ALL THAT APPLY: | | | | | | | |
| <input type="checkbox"/> Existing Position | | <input type="checkbox"/> New Position | | <input type="checkbox"/> Status Change Only | | Please check if Foreign National _____ | |
| <input type="checkbox"/> Reappointment | | <input type="checkbox"/> New Employee | | <input type="checkbox"/> Rehired Employee | | Search # _____ | |
| CONTRACT TERM (check one) | | | | | | | |
| <input type="checkbox"/> Fiscal Year | | | | | | | |
| <input type="checkbox"/> Academic Year | | from _____ to _____ | | | | | |
| <input type="checkbox"/> Semester | | From _____ to _____ | | | | | |
| <input type="checkbox"/> Other | | from _____ to _____ | | | | | |
| Faculty Rank _____ | | | | TERMINATION | | | |
| Tenure Track <input type="checkbox"/> yes <input type="checkbox"/> no | | | | | | | |
| Tenure Credit Date _____ | | | | | | | |
| EMPLOYEE CLASS (check one) | | | | | | | |
| <input type="checkbox"/> Faculty | | | | <input type="checkbox"/> Professional | | | |
| POSITION CLASS (check one) | | | | | | | |
| <input type="checkbox"/> Board of Regents | | | | <input type="checkbox"/> Letter of Appointment | | | |
| <input type="checkbox"/> Post-Retirement | | | | <input type="checkbox"/> Professional Hourly | | | |
| NEW HIRE ONLY- Date sent to Payroll | | | | | | | |
| <input type="checkbox"/> W-4 | | | | <input type="checkbox"/> I-9 | | | |
| <input type="checkbox"/> Decedent's Warrant | | | | <input type="checkbox"/> New Employee Info. | | | |
| <input type="checkbox"/> Employment Offer Letter | | | | <input type="checkbox"/> Degree History Form | | | |
| PAY TYPE - CHOOSE ONE | | | | | | | |
| SALARIED | | | | | | | |
| \$ _____ /mo BASE SALARY if FTE were equal to 1.0 | | | | | | | |
| _____ FTE this appointment | | | | | | | |
| \$ _____ /mo TOTAL BASE SALARY this appointment (FTE x Base Salary) | | | | | | | |
| \$ _____ /mo ADMINISTRATIVE COMPONENT | | | | | | | |
| \$ _____ /mo TOTAL MONTHLY SALARY | | | | | | | |
| HOURLY | | | | | | | |
| (If hourly, pay \$ _____ /hr | | | | | | | |
| Estimated FTE _____ | | | | | | | |
| Complete this section for status changes. Do <u>not</u> use for new hires/rehires. | | | | | | | |
| Check ONLY those changes that apply & describe below: | | | | | | | |
| <input type="checkbox"/> Funding | | <input type="checkbox"/> FTE | | <input type="checkbox"/> No Pay Status | | <input type="checkbox"/> Sabbatical | |
| <input type="checkbox"/> Position/Title | | <input type="checkbox"/> Pay Rate/ Type | | <input type="checkbox"/> Leave with Pay | | <input type="checkbox"/> Home Dept. Change | |
| <input type="checkbox"/> Rank/Tenure | | <input type="checkbox"/> Contract Term | | <input type="checkbox"/> Leave w/o Pay | | <input type="checkbox"/> Other | |
| DESCRIBE CHANGE (from/to) _____ | | | | | | | |
| _____ | | | | | | | |
| _____ | | | | | | | |
| LABOR DISTRIBUTION (If GRANT or ES/AES funded, MUST have appropriate signatures) | | | | | | | |
| Start Date | End Date | Index | Fund | Org | Acct | Program | Dist % |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| BUDGET APPROVAL/AUTHORIZATION | | | | | | | |
| Director/Dept Head _____ | | | | Date _____ | | | |
| Dean _____ | | | | Date _____ | | | |
| AES/ES (if appl) _____ | | | | Date _____ | | | |
| Grants & Contracts (if appl) _____ | | | | Date _____ | | | |
| Vice President _____ | | | | Date _____ | | | |
| HR/AA _____ | | | | Date _____ | | | |