



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: <input type="checkbox"/> 9 Month <input type="checkbox"/> Term _____ <input type="checkbox"/> 12 Months <input type="checkbox"/> Other _____	Tenure Status: <input type="checkbox"/> Tenured <input type="checkbox"/> Non-Tenured <input type="checkbox"/> Tenure Track _____	AAUP Status: <input type="checkbox"/> AAUP <input type="checkbox"/> Non-AAUP	Related Forms Checklist (check if attached): <input type="checkbox"/> W-4 <input type="checkbox"/> PIF <input type="checkbox"/> DMA/TEL <input type="checkbox"/> SSA-1945 <input type="checkbox"/> Transcripts <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: _____ End Date: _____	Begin Date: _____ End Date: _____	Begin Date: _____ End Date: _____		
For Part-time Faculty only: Assigned Credit Hours _____					
Assigned Total Clinical Hours (if applicable) _____					

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Home Dept Org _____	Position Title _____	Primary Employee Class _____			Check Distr _____
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Percent of Full Weekly Load _____					
Period of Contract _____	Begin Date: _____ End Date: _____	Begin Date: _____ End Date: _____	Begin Date: _____ End Date: _____		
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Assigned Total Clinical Hours (if applicable) _____					

Additional Remarks/Explanations

List Course Alpha Code, Number and Section Number by index(s) when appointment is instructional _____	Job Change Reason _____	Direct Supervisor PCN _____
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Approvals

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