

Reset

PPIADDR

Academic Personnel Action (APA)

The University of Toledo

This form is to be used to indicate changes and additions to payroll for all academic personnel.
For accounts:
61202 61205 61208 61211 61214
61203 61206 61209 61212 61408
61204 61207 61210 61213 61409

- New Hire
- Additional Job
- Rehire
- Change

Web Report Library

Name (Last) _____ (First) _____ (Middle) _____		Social Security Number _____		Rocket ID _____
Address Type PU <small>Permanest USA</small>	Address (Number and Street) _____ (City) _____		(State) _____	(Zip Code) _____

PEAEMPL

PEIFACT

Contract Type: 9 Month _____ Term _____ Other _____	Tenure Status: Tenured _____ Non-Tenured _____ Tenure Track _____	AAUP Status: AAUP _____ Non-AAUP _____	Related Forms Checklist: W-4 _____ ECI _____ STRS Enrollment/Rehire _____ State Tax Form _____ SSA-1945 _____	I-9 _____ Transcripts _____ Letter of Appointment _____ Personal Data Form _____
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Home Dept Org _____	Job Title _____	Primary Employee Class _____			Check Dis _____
Position Control Number _____	Primary: _____	First Distribution _____	Second Distribution _____	Third Distribution _____	Total Salary _____
Index and Account _____					
9 Month Base Salary (if applicable) _____					
12 Month Base Salary (if applicable) _____					
Administrative Stipend _____					
Contract Amount <small>Tk km g b</small> _____					
Percent of Full Weekly Load <small>Funding %</small> _____					
Period of Contract Payroll Dates _____ <small>Nr Pays</small> _____	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) _____					

Change To:

Home Dept Org _____	Job Title _____	Primary Employee Class _____			Check Dis _____
Position Control Number _____	Primary: _____	First Distribution _____	Second Distribution _____	Third Distribution _____	Total Salary _____
Index and Account _____					
9 Month Base Salary (if applicable) _____					
12 Month Base Salary (if applicable) _____					
Administrative Stipend _____					
Contract Amount <small>Tk km g b</small> _____					
Percent of Full Weekly Load <small>Funding %</small> _____					
Period of Contract <small>Nr Pays</small> _____	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) _____					

Additional Remarks/Explanations

List Course Alpha Code, Number and Section Number by index(s) when appointment is instructional _____	Primary Job Change Reason (Code/Description) _____	Direct Supervisor PCN _____
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Approvals (Please sign in blue and initial all changes.)

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

Banner Forms Quick Reference Guide

Academic Personnel Action Form (APA)

1. New Hire/Additional Job/Rehire/Change from:
 - a. New Hire: mark this box for all new appointments; this includes all visiting appointments.
 - b. Additional Job: mark this box if individual currently has a job and is adding an additional one.
 - c. Rehire: mark this box for individuals already in the Banner HR system (already have a Rocket #), but are starting a new assignment or returning in a non-permanent 9 month position.
 - d. Change: mark this box when make a change in someone's current appointment.

2. Obtain information from individual regarding Name, Rocket #, SSN (addition to payroll only), and Address (if unable to contact the individual and they are a current university employee – use the Web Report Library to look up the Rocket #):
 - a. Addresses, birth date, and SSN only needed for new employees.
 - b. Address Types: PU-Permanent USA, IN-International (requires Nation Code).

3. Contract Period:
 - a. Check either 9 month, 12 month, Term (enter which term in space provided), or other.

4. Tenure Status:
 - a. Check which applies.

5. AAUP Status:
 - a. All administrators, law, part-time, and visiting faculty are Non-AAUP
 - b. All 9-month and 12-month faculty are AAUP.

6. For a new employee complete all tax forms within this section and attach, if the employee is already on the system, place an F next to the form to show it is already on file.

7. Home Department /Check Distribution:
 - a. The department in which the individual will be working.

8. Job Title:
 - a. New faculty – the Offer Letter will contain the title for all new faculty.

9. Employee Class:
 - a. For new faculty, employee class is located on the Approved Authorization to Hire
10. Position Number for full-time and part-time faculty.
11. Index Number and Account Code:
 - a. Index number should be the paying department's index number.
 - b. Type the six digit index number, hit tab, type the five digit account code.
12. Salary/ Contract Amount:
 - a. Use the 4 supplied lines for compensation, whichever are the most relevant to the payment.
 - i. Permanent 9 month employees – 9 month base salary.
 - ii. Permanent 12 month employees – 12 month base salary.
 - iii. Director, Chair, Dean, etc. stipends – administrative stipend.
 - iv. Part-time faculty, supervisors, etc. – contract amount.
13. Percent of Full Weekly Load:
 - a. Full-time Faculty – a full load is equal to 1.0; if they are split funded on a grant, etc., base the percentage of load determined in their contract.
 - i. Sabbaticals require a change in weekly load; Full year sabbatical = 0 load.
 - b. Part-time Instructors:
 - i. Based on the number of credit hours they are teaching (12 credit hours = 1.0) per semester. (# of hours/12 = load amount).
 - c. Supervisors:
 - i. Review calculation sheet.
14. Period of Contract:
 - a. Enter the beginning and end date of the time period work is being done
15. Part-time Faculty Only
 - a. Enter the number of credit hours they are teaching during the semester compensation is being requested.
 - b. Enter the number of clinical hours they are doing during the semester compensation is being requested.
16. Change To:
 - a. Use this section when the top section, Change from, is filled in. Current information goes into the Change from: section and the new information goes in this section. Use the same rules (7 – 15).
17. Job Change Reason Code: click on menu for list.

18. Direct Supervisor Position Number:

- a. Include the name of the direct supervisor for the individual the APA is being filled out for.

19. Contact Ext:

- a. Include the phone number of where questions should be sent for errors or clarification about the forms completion.