

Web Report Library

Reset

- New Hire
- Additional Job
- Rehire
- Change

PPIADDR

### Staff Personnel Action (SPA)

This form is to be used for changes and additions to payroll for unclassified (except those with faculty rank) and classified personnel. For accounts: 61102 61104 61106 61902 61103 61105 61107 61903

### The University of Toledo

Name (Last)	(First)	(Middle)	Social Security Number	Rocket ID R	Date of Birth
Address (Type)		(Number and Street)	(City)	(State)	(Zip Code)
PU	Permanent USA				
Related Forms Checklist (check if attached):					
W4		State Tax Form	ECL	OPERS Enrollment/Rehire	SSA-1945

PEAEMPL

#### Change From (indicates position currently on system):

Home Dept Org	Job Title	Primary Employee Class	Check Dist	
Civil Service Classification, Range and Step or Grade:				
Position Control Number	First Distribution	Second Distribution	Third Distribution	Total Annual Salary
Index and Account	Primary:			
Hours/Week	FTE			
* Hourly Rate (for hourly employees)				
* Annual Rate (12 month)				
* Pay for Time Period				
Amt Per Pay / Fund %				
Period Date:	Begin Date:	Begin Date:	Begin Date:	
Nr Pays	End Date:	End Date:	End Date:	

\* Please complete most applicable line (example: account 61902 would be)

PEAEMPL

NBAJOBS

#### Change To:

Home Dept Org	Job Title	Primary Employee Class	Check Dist	
Civil Service Classification, Range and Step or Grade:				
Position Control Number	First Distribution	Second Distribution	Third Distribution	Total Annual Salary
Index and Account	Primary:			
Hours/Week	FTE			
* Hourly Rate (for hourly employees)				
* Annual Rate (12 months)				
* Pay for Time Period				
Amt Per Pay / Fund %				
Period Date:	Begin Date:	Begin Date:	Begin Date:	
Nr Pays	End Date:	End Date:	End Date:	

NBIJLST

#### Additional Remarks/Explanations:

Primary Job Change Reason (Code/Description)		Direct Supervisors PCN
--	--	------------------------

#### Approvals (Please sign in blue and initial all changes.)

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

# Banner Forms Quick Reference Guide



**Staff Personnel Action (SPA)**  
**The University of Toledo**

Reset

This form is to be used for changes and additions to payroll for unclassified (except those with faculty rank) and classified personnel. For accounts: 61102 61104 61106 61902 61103 61105 61107 61903

- New Hire
- Additional Job
- Rehire
- Change

1

Name (Last)	(First)	2	(Middle)	Social Security Number	Rocket ID	R	Date of Birth
Address (Type)	(Number and Street)		(City)	(State)	(Zip Code)		
PU	Permanent USA						
Related Forms Checklist (check if attached):							
<input type="checkbox"/> W4 <input type="checkbox"/> State Tax Form <input type="checkbox"/> ECI <input type="checkbox"/> OPERS Enrollment/Rehire <input type="checkbox"/> SSA-1945							

**Change From (indicates position currently on system):**

Home Dept Org	Job Title	3	4	Primary Employee Class	5	Check Dist	3
Civil Service Classification, Range and Step or Grade:							
6							
Position Control Number	7	First Distribution	Second Distribution	Third Distribution	Total Annual Salary		
Index and Account		Primary:					
Hours/Week	FTE						
* Hourly Rate (for hourly employees)							
* Annual Rate (12 month)	10						
* Pay for Time Period							
	Amt Per Pay / Fund %						
Period Date:	11	Begin Date:	End Date:	Begin Date:	End Date:	Begin Date:	End Date:
	Nr Pays						

\* Please complete most applicable line (example: account 61902 would be hourly, etc.)

**Change To:**

Home Dept Org	Job Title	12	Primary Employee Class	Check Dist
Civil Service Classification, Range and Step or Grade:				
Position Control Number	First Distribution	Second Distribution	Third Distribution	Total Annual Salary
Index and Account	Primary:			
Hours/Week	FTE			
* Hourly Rate (for hourly employees)				
* Annual Rate (12 months)				
* Pay for Time Period				
	Amt Per Pay / Fund %			
Period Date:	Begin Date:	End Date:	Begin Date:	End Date:
	Nr Pays			

**Additional Remarks/Explanations:**

	Primary Job Change Reason (Code/Description)	13	Direct Supervisors PCN	14
--	--	----	------------------------	----

**Approvals** (Please sign in blue and initial all changes.)

Initiating Department	Date	Contact Ext.	Human Resources	Date
1		15	4	
Business Manager	Date	Contact Ext.	Grants Accounting (If Applicable)	Date
2			5	
Dean/Designee or Supervisor	Date	Contact Ext.	Budget (If Applicable)	Date
3			6	
			Board of Trustees (If Applicable)	Date
			7	

# Staff Personnel Action Form (SPA)

1. New Hire/Additional Job/ Rehire/ Change:
  - a. New Hire: mark this box for all new appointments.
  - b. Additional Job: mark this box if individual is currently an employee and is adding an additional job.
  - c. Rehire: mark this box for individuals already on the Banner HR (have a Rocket #), but starting a new assignment or returning to an assignment.
  - d. Change from: mark this box when you make a change in someone's current assignment.
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.
3. Home Department /Check Distribution:
  - a. Home Department-the department in which the individual will be working.
  - b. Check Distribution- the department in which the employee receives their check, may be different from Home Department.
4. Job Title:
  - a. New PSA staff – the Offer Letter will contain the title.
  - b. New CWA staff – Authorization to Hire form will contain the title.
5. Employee Class:
  - a. For permanent staff, employee class is located on the Approved Authorization to Hire.
6. Civil Service Classification, Range and Step:
  - a. This is required for CWA, UTPPA, classified exempt, and intermittent call-in employees only. If unknown - contact Andrea Cutcher at ext. 1478 for this information.
7. Position Number for full-time and part-time faculty.
8. Index Number and Account Code:
  - a. Index number should be the paying department's index number; account code indicates type of labor expense.
  - b. Type the six digit index number, hit tab, type the five digit account code.
9. Hours/Week:
  - a. For permanent employees only. Fill in the number of hours per week the individual has been hired to work.

10. Hourly Rate/Annual Rate/ Pay for time period:
  - a. Use the 3 supplied lines for compensation, whichever is the most relevant to the payment:
    - i. CWA, UTPPA, Classified Exempt = Hourly Rate.
    - ii. PSA = Annual Rate.
    - iii. Intermittent Call-in = Hourly Rate.
    - iv. Administrative Provisional = Pay for time period.
11. Period Date:
  - a. Enter the hire date of the individual and the end date-if needed.
12. 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 (3 – 12).
13. Job Change Reason Code: click on menu to view list.
14. Direct Supervisor Position Control Number:
  - a. Include the name of the direct supervisor for the individual the APA is being filled out for.
15. Contact Ext:
  - a. Include the phone number of where questions should be sent for errors or clarification about the forms completion.