Academic Personnel Action (APA)

The University of Toledo

Reset

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 61215
61204 61207 61210 61213 61408 61409

☐ Summer
☐ New Hire
☐ Additional Job
☐ Rehire
☐ Change

Name *(Last)*	*(First)*	*(Middle)*		Rocket ID	Date of Birth

Address Type	Address *(Number and Street)*	*(City)*	*(State)*	*(Zip Code)*
PU Permanent USA				

Contract Type:	Tenure Status:	AAUP Status:	Related Forms Checklist (check if attached):	
__ 9 Month	__ Tenured __ Non-Tenured	__ AAUP	__ W-4 __ PIF __ Fraud Hotline	__ SSA-1945 __ Transcripts
__ 12 Months	__ Tenure Track _____	__ Non-AAUP	__ State Tax __ EED __ STRS Enrollment/Rehire	__ I-9
__ Term: summer				__ Letter of Appointment
__ Other				

Change From (indicates employee currently in Banner):

Home Dept Org	Position Title	Primary Employee Class	Dept. Mail Stop

	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 (Amt Per Pay)				
Total FTE (Funding %)				
Period of Contract **Payroll Dates** (Nr Pays)	Begin Date: End Date:	Begin Date: End Date:	Begin Date: End Date:	
For Part-time Faculty only: Assigned Credit Hours (FTE) Assigned Total Clinical Hours (if applicable) (FTE)				

Change To:

Home Dept Org	Position Title	Primary Employee Class	Dept. Mail Stop

	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 (Amt Per Pay)				
Total FTE (Funding %)				
Period of Contract (Nr Pays)	Begin Date: End Date:	Begin Date: End Date:	Begin Date: End Date:	
For Part-time Faculty only: Assigned Credit Hours (FTE) Assigned Total Clinical Hours (if applicable) (FTE)				

Additional Remarks/Explanations

List College, Course, Section Number, Actual Enrollment and Max Enrollment when appointment is instructional	Primary Job Change Reason (Code/Description)	Direct Supervisor PCN

Form Created by:	Contact Ext.	Email Address:

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

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