



Academic Personnel Action (APA)

The University of Toledo

- Summer
- New Hire
- Additional Job
- Rehire
- Change

Name (Last) _____ (First) _____ (Middle) _____		Rocket ID R	Date of Birth
Address Type	Address (Number and Street) _____ (City) _____ (State) _____ (Zip Code) _____ (Nation) _____		
Contract Type: ___ 9 Month ___ Term _____ ___ 12 Months ___ Other _____	Tenure Status: ___ Tenured ___ Non-Tenured ___ Tenure Track _____	AAUP Status: ___ AAUP ___ Non-AAUP	Related Forms Checklist (check if attached): ___ W-4 ___ PIF ___ Fraud Hotline ___ SSA-1945 ___ Transcripts ___ State Tax ___ EED ___ STRS Enrollment/Rehire ___ I-9 ___ 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					
Total FTE					
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)					

Change To:

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)					

Additional Remarks/Explanations

List College, Course, Section Number, Actual Enrollment and Max Enrollment when appointment is instructional	Job Change Reason	Direct Supervisor PCN

Approvals

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