PERSONNEL ACTION FORM FOR FACULTY POSITIONS

Name:		**Banner G #:**	
Address: **City** **State** **Zip Code**		**Home Phone:** **Business Phone:**	
Department Payroll Account Number(s):			
1)	**%**	**___Day _ __CCE ___Overload**	
2)	**%**	**If CCE: Fast Track I ___ Fast Track II ____ Saturday _____**	
3)	**%**	**___Paid Release Time**	
4)	**%**	**___Replacement, Study Abroad**	
Department:		**Person Replaced:**	
Effective Date:		**End of Employment Period:**	
Rank/Title:			
Faculty Office Space provided—Building:		**Room #:**	**FTE:_____**
Fall Semester_____	**Spring Semester__ __**	**Summer 5 week : I ___ II ___**	**Summer 10 week____**
Full-time____	**One Year____**	**Part-time____ Continuing Part-Time _____ Adviser – Yes ____ No ____**	**Temporary ___**
Tenure____	**Non-Tenure____**	**Recommended Salary:**	
Course/Courses: Please include course title(s) and course number(s).			
Banner Information Required: TO BE COMPLETED BY THE ACADEMIC DEAN'S OFFICE **Faculty Category_____ Faculty Type_____ Workload Rule_____** **Contract Type_____ Contract Rule_____ Department_____ Percentage_____**			
Special Circumstances or Conditions:		**Former Guilford Student? Yes ____ No ____**	

_____ _____

CHAIRPERSON DATE ACADEMIC DEAN DATE

_____

VP FOR FINANCE & ADMINISTRATION DATE

INSTRUCTIONS:

- **Please ensure that all portions of the form are completed before forwarding this to the Academic Dean's Office, since this is the source document for the employment letter.**
- **Attach a copy of the individual's vita.**