

# SUMMER SCHOOL PAR

Human Resource Services

## PERMANENT EMPLOYEE SUMMER SCHOOL PERSONNEL ACTION REQUEST

This form is to be used only for regular-status faculty on appointments at less than 12-month base who will get a Summer School appointment. Do not use this form for any other type of appointment. Fill out original on the web or print out and complete with typewriting. Copies may be produced as necessary. **SIGN ORIGINAL COPY IN BLUE OR OTHER NON-BLACK INK. Copy with BLUE OR OTHER NON-BLACK ink signatures is deemed to be the original.** Type of copy may be marked at the bottom of the form. This form is available as an Adobe™ document on the Human Resource Services web site. If filling out on web, fill out as completely as possible and then print. **WARNING: If the form is "saved" and re-opened later, information entered by the originator may be missing.** Web link to forms page: <http://www.marshall.edu/human-resources/forms/>

Effective Dates (begin date <u>and</u> end date)	
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**NOTE: Render name exactly as it appears in the Banner system. Enter last name first, then first name, then middle initial, etc.**

Name (SEE NOTE ABOVE)			
Social Security No.		MU ID #	
Department			
Title	<b>SUMMER SCHOOL</b>	Position No.	FS _____
Wage/Salary Rate		Per	<b>SESSION</b> _____
Banner FUND/ORG		/	

**TYPE OF PERSONNEL ACTION** (PLACE CHECK MARK(S) IN BLOCK(S) TO LEFT OF DESIRE ACTION(S))

<input type="checkbox"/> Appointment ( <i>New Summer School Employment</i> )	<input type="checkbox"/> Resignation ( <i>Only From Summer School Appointment</i> )
<input type="checkbox"/> Dismissal ( <i>Only From Summer School Appointment</i> )	<input type="checkbox"/> Funds Source Change
<input type="checkbox"/> Rate Change	<input type="checkbox"/> Death ( <i>Only Processes Termination of Summer School Appointment</i> )

ENTER ANY EXPLANATORY REMARKS IN THIS SPACE:

**APPROVALS (SIGNATURES/DATES)** AFTER VICE PRESIDENT SIGNATURE, SUBMIT FORM TO HUMAN RESOURCE SERVICES.

Dept./Unit Supervisor		Date	
Dean/Director		Date	
Vice President		Date	
Human Resource Services		Date	
Budget Office		Date	
Payroll Office		Date	
President		Date	

Submit signed original (through VP) to Human Resource Services. **NOTE: The copy of this form with blue ink or other non-black ink signatures above is deemed to be the original.** Produce copies as necessary. On copies, indicate owner of copy in space below.

<input type="checkbox"/> Originator	<input type="checkbox"/> Dean/Dir	<input type="checkbox"/> VP	<input type="checkbox"/> Budget	<input type="checkbox"/> HR Svcs	<input type="checkbox"/> Payroll	<input type="checkbox"/> Other:
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**THIS BLOCK FOR ADMINISTRATIVE OFFICE NOTES ONLY**

HR SERVICES ONLY: E-Class:

FOR INFORMATION AND ASSISTANCE WITH THIS FORM, CONTACT HUMAN RESOURCE SERVICES AT 304.696.6455 OR [HUMAN-RESOURCES@MARSHALL.EDU](mailto:HUMAN-RESOURCES@MARSHALL.EDU)