



STEVE HICKS SCHOOL OF SOCIAL WORK
THE UNIVERSITY OF TEXAS AT AUSTIN

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Personnel Action Form

Effective Date: September 1st March 1st Other: _____

Department / Research Unit: _____

Name of Employee: _____ EID: _____

Workday Job Title: _____

Workday Job Code: _____

Current Supervisor(s): _____

Choose RECLASSIFY or ONE (1) option of Salary Increase

- Reclassify to job title _____ and Job Code _____
 - If salary increase is applicable:
 - UT Pay Plan Salary Range: _____
 - Current Rate: _____ Proposed Rate: _____
 - Current Account(s) Number: _____
 - New Account(s) Number: _____ Account Name: _____
 - Funding explanation/notes: _____

OR

- Salary Increase
 - Permanent Additional Duties
 - Temporary Additional Duties
 - Equity
 - Counteroffer (official offer from hiring agency must be attached)

Current Rate: _____

Current Account(s) Number: _____ Current Account(s) Name: _____

Proposed Annual Rate (permanent): _____ Percent Monthly Increase: _____

OR

Proposed Allocation (temporary): _____ Effective End Date: _____

For Workday Processing, calculate annualized total (total allocation/number of months x 12) (No later than current FY end)

FOR SALARY INCREASE ONLY

Justification:

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This section for Reclassifications, Temporary & Permanent Additional duties only

Current purpose summary:

Proposed purpose summary:

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Current Duties with %

Proposed Duties with %

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FOR RECLASSIFICATIONS ONLY:

Required qualifications for new proposed job title from the UT pay plan:

How does the employee meet the required qualifications outlined in the UT pay plan?

Signatures

Supervisor Signature Name Date

Chair/Director/Asst/Assoc
Dean Signature Name Date

Dean Signature Name Date

**Once all signature approvals have been obtained on the PAF,
the personnel action can be processed.**

Employee EID: _____
Effective Date: _____