



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

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**Personnel Action Form**

**Effective Date:**       September 1                       March 1                       Other:

**Department/Research Unit:**

**Name of Employee:**    **EID:**

**Current Job Title:**    **Current Job Code:**

**Current supervisor(s):**

**Choose Reclassify OR one 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):    New Account(s):
    - Funding explanation/notes:

**\*\*OR\*\***

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

Current Rate:

Current Account(s):

Proposed Annual Rate (permanent):

Percent Monthly Increase:

**OR**

Proposed Allocation (temporary):

Effective end date no later than current FY end:

For Workday processing, calculate annualized total (total allocation/number of months x 12):

New Account(s) if applicable:

Funding explanation/notes:

**Justification:**

**This section for Reclassifications, Temporary & Permanent Additional duties only**

Current purpose summary:	Proposed purpose summary:
Current Duties with %	Proposed Duties with %

**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?

**Signature approvals:**

**Supervisor Name printed:**

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Chair/Director/Asst/Assoc Dean Name printed:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dean Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Employee EID: \_\_\_\_\_

Effective date: \_\_\_\_\_