

VIRGINIA UNION UNIVERSITY

Personnel Recommendation Form

Date of Application: ___/___/___ Effective Date of Hire and/or Change: ___/___/___ (mm/dd/year)

NAME (Last, First, M.I)	Position Title	SOCIAL SECURITY NUMBER	FACULTY <input type="checkbox"/> NON-FACULTY <input type="checkbox"/>
ADDRESS (Street, City, State, Zip)		TITLE III BUDGET CODE (If applicable): % _____ (Ex. i.e., 100% Fed.)	
GRANT TITLE & BUDGET CODE (If Applicable): % _____ (Ex., i.e. 100% Grant)	DIVISION	DEPARTMENT	UNIVERSITY BUDGET # % _____ (Ex. i.e., 100% unrestricted)
1. APPOINTMENT TYPE		2. POSITION CHANGE (Completion of page 2 is required)	
<input type="checkbox"/> INITIAL <input type="checkbox"/> RE-APPOINTMENT <input type="checkbox"/> REINSTATEMENT <input type="checkbox"/> PART-TIME		<input type="checkbox"/> CHANGE IN TITLE <input type="checkbox"/> DEMOTION <input type="checkbox"/> PROMOTION <input type="checkbox"/> REASSIGNMENT	
<input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> OTHER <input type="checkbox"/> FULL-TIME		<input type="checkbox"/> SALARY ADJUSTMENT <input type="checkbox"/> TRANSFER <input type="checkbox"/> OTHER	
<input type="checkbox"/> INDEFINITE APPOINTMENT (FACULTY ONLY)	If staff, enter the number of Probationary months (mandatory initial) _____ months	RATE OF PAY	
<input type="checkbox"/> REGULAR APPOINTMENT (STAFF)		ANNUAL RATE _____ HOURLY _____	LEAVE ACCRUED Annual: _____ Sick: _____
OLD POSITION (For position changes only)	DEPARTMENT	TERMINATION <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN (IF NEEDED USE ATTACHMENT)
3. SEPARATION		LEAVE ACCRUED	
<input type="checkbox"/> RESIGNATION <input type="checkbox"/> TERMINATION <input type="checkbox"/> OTHER	ANNUAL SALARY: _____	Annual: _____	EFFECTIVE DATE:
	CURRENT SALARY _____	Sick: _____	
4. LEAVE OF ABSENCE		LEAVE ACCRUED	
<input type="checkbox"/> WITH PAY <input type="checkbox"/> WITHOUT PAY <input type="checkbox"/> SABBATICAL	ANNUAL SALARY: _____	Annual: _____	EFFECTIVE DATE:
	CURRENT SALARY _____	Sick: _____	
RECOMMENDED BY (Name, Title & Date)		VICE PRESIDENT RECOMMENDING APPROVAL & DATE	
_____		_____	
SENIOR VICE PRESIDENT APPROVAL & DATE		TITLE III/SPONSORED PROGRAMS APPROVAL & DATE	
_____		_____	
		VICE PRESIDENT FOR FINANCIAL AFFAIRS APPROVAL & DATE	

DIRECTOR, HUMAN RESOURCES APPROVAL & DATE		UNIVERSITY PRESIDENT APPROVAL & DATE	
_____		_____	

(Revised 6/19/2017)

