

**UNIVERSITY OF CENTRAL ARKANSAS
PERSONNEL ACTION FORM**

- Appointment
- Change in Status
- Termination

- Regular
- Extra Help
- Emergency Hire

NAME Last	First	M.I.	SOCIAL SECURITY NUMBER	UCA ID
Augustine	Dan			

A1. PROPOSED STATUS				B1. PRESENT STATUS		
1. College/Division	Athletics					
2. Primary Dept. Name	Football					
3. Title of Position	Asst. Coach					
4. Employment Status	Grade	Full-time <input checked="" type="checkbox"/>	Part-time _____ %	Grade	Full-time _____ %	Part-time _____ %
5. Salary	\$ 5,000.00	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____	\$	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____
6. Academic Term Designation	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____

A2. PROPOSED SALARY DISTRIBUTION						
7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	
798991	15000-620130	Athletic Admin.	100	12-15-11	12-31-11	
	15100-620130			BON		

B2. PRESENT SALARY DISTRIBUTION						
7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	

C. EXPLANATION

- Reason for the Appointment, Change, or Termination: Performance Bonus Please pay required fringes of medicare & unemployment.
- Person being replaced: N/A
- Is this a Tenure Track Position? RECEIVED Yes No
- For termination, show the last day the employee was or will be present for work: DEC 1 6 2011

SIGNATURES		UCA BUDGET OFFICE	
Principal Investigator (Grants)	Date	HUMAN RESOURCES OFFICE ONLY	
Hiring Unit/Department Chair	Date	Job Code: <u>13</u>	Title Code: _____
Dean of College	Date	Concurrent Approved: _____	Schedule: _____
Vice President	Date	PAYROLL OFFICE ONLY	
Human Resources	Date		
Budget Office	Date		
President	Date	Entered by: _____	Date: _____

Please Submit This Form in Yellow

**UNIVERSITY OF CENTRAL ARKANSAS
PERSONNEL ACTION FORM**

- Appointment
- Change in Status
- Termination

- Regular
- Extra Help
- Emergency Hire

NAME Last	First	M.I.	SOCIAL SECURITY NUMBER	UCA ID
Briscoe	Henry			

A1. PROPOSED STATUS				B1. PRESENT STATUS			
1. College/Division	Athletics						
2. Primary Dept. Name	Strength & Conditioning						
3. Title of Position	Coach						
4. Employment Status	Grade	Full-time <input checked="" type="checkbox"/>	Part-time _____ %	Grade	Full-time _____ %	Part-time _____ %	
5. Salary	\$ 1,000.00	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____	\$	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____	
6. Academic Term Designation	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____	

A2. PROPOSED SALARY DISTRIBUTION						
7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	
798991	151000-620130	Football	100			
798790	150100-620130					

B2. PRESENT SALARY DISTRIBUTION						
7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	

C. EXPLANATION

1. Reason for the Appointment, Change, or Termination: Left off coaches incentive from December

2. Person being replaced: N/A 3. Is this a Tenure Track Position? Yes No

4. For termination, show the last day the employee was or will be present for work: _____

SIGNATURES		JAN 06 2011	
Principal Investigator (Grants)	Date	HUMAN RESOURCES OFFICE ONLY	
Hiring Unit/Department Chair	Date	Job Code: <u>@13</u>	Title Code: _____ Schedule: _____
Dean of College	Date	Concurrent Approved: _____	Date: _____
Vice President	Date	PAYROLL OFFICE ONLY	
Human Resources	Date	RECEIVED 12 JAN -6 AM 10:06 PERSONNEL OFFICE (151000)	
Budget Office	Date		
President	Date		

**UNIVERSITY OF CENTRAL ARKANSAS
PERSONNEL ACTION FORM**

Appointment
 Change in Status
 Termination

Regular
 Extra Help
 Emergency Hire

NAME	Last	First	M.I.	SOCIAL SECURITY NUMBER	UCA ID
	Brown	Nathan			

A1. PROPOSED STATUS				B1. PRESENT STATUS			
1. College/Division	Athletics						
2. Primary Dept. Name	Football						
3. Title of Position	Asst. Coach						
4. Employment Status	Grade	Full-time <input checked="" type="checkbox"/>	Part-time _____ %	Grade	Full-time _____	Part-time _____ %	
5. Salary	\$ 5,000.00	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____	\$	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____	
6. Academic Term Designation	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____	

A2. PROPOSED SALARY DISTRIBUTION						
7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	
798991	150000-620130	Athletic Admin.	100	12-15-11	12-31-11	
	151000-620130					
				BEN		

B2. PRESENT SALARY DISTRIBUTION						
7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	

C. EXPLANATION

1. Reason for the Appointment, Change, or Termination: Performance Bonus Please pay required fringes of medicare & unemployment.

2. Person being replaced: N/A 3. Is this a Tenure Track Position? Yes No

4. For termination, show the last day the employee was or will be present for work: _____

SIGNATURES			
Principal Investigator (Grants)	Date	HUMAN RESOURCES OFFICE ONLY	
Hiring Unit/Department Chair	Date	UCA BUDGET OFFICE	
Dean of College	Date	Job Code: <u>13</u>	Title Code: _____ Schedule: _____
President	Date	Concurrent Approved: _____	Date: _____
Human Resources	Date	PAYROLL OFFICE ONLY	
Budget Office	Date		
President	Date		

**UNIVERSITY OF CENTRAL ARKANSAS
PERSONNEL ACTION FORM**

Regular
 Extra Help _____
 Emergency Hire _____

Appointment _____
 Change in Status _____
 Termination _____

NAME Last	First	M.I.	SOCIAL SECURITY NUMBER	UCA ID
Conque	Clint			

A1. PROPOSED STATUS

B1. PRESENT STATUS

1. College/Division	Athletics					
2. Primary Dept. Name	Football					
3. Title of Position	Head Coach					
4. Employment Status	Grade	Full-time <input checked="" type="checkbox"/>	Part-time _____ %	Grade	Full-time _____ %	Part-time _____ %
5. Salary	\$ 5,000.00	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____	\$	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____
6. Academic Term Designation	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____

A2. PROPOSED SALARY DISTRIBUTION

7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	
798197 798991	151000-620130	Football	100			5000.00 Jan 1-15
					3000	

B2. PRESENT SALARY DISTRIBUTION

7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	

C. EXPLANATION

1. Reason for the Appointment, Change, or Termination: Left off graduating student athlete's incentive off of December PAF.
 Please do not direct deposit this portion; please print a check for Coach Conque to pick up.

2. Person being replaced: _____

3. Is this a Tenure Track Position? Yes No

4. For termination, show the last day the employee was or will be present for work: _____

RECEIVED

JAN 08 2011

UCA BUDGET OFFICE

SIGNATURES

Principal Investigator (Grants)	Date	HUMAN RESOURCES OFFICE ONLY			
Hiring Unit/Department Chair	Date				
Dean of College	Date				
Vice President	Date	Job Code: <u>13</u>	Title Code: _____	Schedule: _____	
Human Resources	Date	Concurrent Approved: _____		Date: _____	
Budget Office	Date	PAYROLL OFFICE ONLY			
President	Date	Entered by: <u>[Signature]</u>		Date: <u>1-10-12</u>	

[Signature]
1/19/12

Please Submit This Form in Yellow

**UNIVERSITY OF CENTRAL ARKANSAS
PERSONNEL ACTION FORM**

Regular
 Extra Help _____
 Emergency Hire _____

Appointment
 Change in Status
 Termination

NAME Last Conque	First Clint	M.I.	SOCIAL SECURITY NUMBER [REDACTED]	UCA ID [REDACTED]
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A1. PROPOSED STATUS				B1. PRESENT STATUS			
1. College/Division	Athletics						
2. Primary Dept. Name	Football						
3. Title of Position	Head Coach						
4. Employment Status	Grade	Full-time <input checked="" type="checkbox"/>	Part-time %	Grade	Full-time	Part-time %	
5. Salary	\$ 38,899.00	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____	\$	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____	
6. Academic Term Designation	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____	

A2. PROPOSED SALARY DISTRIBUTION						
7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	
798991	450000-620130	Athletic Admin.	100	12-15-11	12-31-11	
	151000-620150			BON		

B2. PRESENT SALARY DISTRIBUTION						
7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	

C. EXPLANATION

1. Reason for the Appointment, Change, or Termination: Coaches Show, APR, Playoffs, and Playoff Win. Please pay required fringes of medicare & unemployment.

2. Person being replaced: N/A

3. Is this a Tenure Track Position? RECEIVED Yes No

4. For termination, show the last day the employee was or will be present for work: DEC 14 2011

SIGNATURES		UCA BUDGET OFFICE	
Principal Investigator (Grants)	Date	HUMAN RESOURCES OFFICE ONLY	
Hiring Unit/Department Chair	Date	Job Code: <u>13</u>	Title Code: _____ Schedule: _____
Dean of College	Date	Concurrent Approved: _____	Date: _____
See President	Date	PAYROLL OFFICE ONLY	
Human Resources	Date		
Budget Office	Date		
President	Date	Entered by: _____	Date: _____

Please Submit This Form in Yellow

**UNIVERSITY OF CENTRAL ARKANSAS
PERSONNEL ACTION FORM**

Appointment
 Change in Status
 Termination

Regular
 Extra Help
 Emergency Hire

NAME Last Daniel	First Matthew	M.I. B	SOCIAL SECURITY NUMBER [REDACTED]	UCA ID [REDACTED]
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A1. PROPOSED STATUS				B1. PRESENT STATUS			
1. College/Division	Athletics						
2. Primary Dept. Name	Women's Basketball						
3. Title of Position	Head Coach						
4. Employment Status	Grade	Full-time <input checked="" type="checkbox"/>	Part-time _____ %	Grade	Full-time _____	Part-time _____ %	
5. Salary	\$ 22,666.00	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____	\$	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____	
6. Academic Term Designation	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____	

A2. PROPOSED SALARY DISTRIBUTION

7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	
798247	152000	Women's Basketball	100	3-15-12	3-31-12	
		BON				

B2. PRESENT SALARY DISTRIBUTION

7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	

C. EXPLANATION

1. Reason for the Appointment, Change, or Termination: Performance Bonus; See Attached. Please pay required fringes of medicare & unemployment only.

2. Person being replaced: N/A 3. Is this a Tenure Track Position? Yes No

4. For termination, show the last day the employee was or will be present for work: _____

SIGNATURES

		Date	HUMAN RESOURCES OFFICE ONLY		
Principal Investigator (Grants)					
Hiring Unit/Department Chair			Job Code: <u>13</u>	Title Code: _____	Schedule: _____
Dean of College			Concurrent Approved: _____	Date: _____	
Vice President		<u>3/14/12</u>	PAYROLL OFFICE ONLY		
Human Resources		<u>3-15-12</u>			
Budget Office		<u>3/14/12</u>			
President		<u>3-20-12</u>	Entered by: _____	Date: _____	

12 MAR 15 PM 1:59
 PERSONNEL OFFICE
 RECEIVED

Please Submit This Form in Yellow

07/21/12

- Appointment
- Change in Status
- Termination

**UNIVERSITY OF CENTRAL ARKANSAS
PERSONNEL ACTION FORM**

- Regular
- Extra Help
- Emergency Hire

NAME Last Hammock	First Jeremy	M.I.	SOCIAL SECURITY NUMBER [REDACTED]	UCA ID [REDACTED]
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A1. PROPOSED STATUS				B1. PRESENT STATUS			
1. College/Division	Athletics						
2. Primary Dept. Name	Football						
3. Title of Position	Limited Earning Asst. Coach						
4. Employment Status	Grade	Full-time	Part-time %	Grade	Full-time	Part-time %	
5. Salary	\$ 1,000.00	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____	\$	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____	
6. Academic Term Designation	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____	

A2. PROPOSED SALARY DISTRIBUTION						
7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	
778190	150000-620130	Athletic Admin.	100	12-15-11	12-31-11	
	151000-62930	BON				

B2. PRESENT SALARY DISTRIBUTION						
7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	

C. EXPLANATION

1. Reason for the Appointment, Change, or Termination: Performance Bonus Please pay required fringes of medicare & unemployment.
New pos #

2. Person being replaced: N/A 3. Is this a Tenure Track Position? Yes No

4. For termination, show the last day the employee was or will be present for work: _____

SIGNATURES

RECEIVED
DEC 14 2011

Principal Investigator (Grants)	Date	HUMAN RESOURCES OFFICE ONLY UCA BUDGET OFFICE		
Hiring Unit/Department Chair	Date			
Dean of College	Date	Job Code: <u>06</u>	Title Code: _____	Schedule: _____
Vice President	Date	Concurrent Approved: _____		
Human Resources	Date	PAYROLL OFFICE ONLY		
Budget Office	Date	Date: _____		
President	Date	Entered by: _____ Date: _____		

**UNIVERSITY OF CENTRAL ARKANSAS
PERSONNEL ACTION FORM**

Appointment
 Change in Status
 Termination

Regular _____
 Extra Help
 Emergency Hire _____

NAME Last Hampton	First Chris	M.I.	SOCIAL SECURITY NUMBER [REDACTED]	UCA ID [REDACTED]
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A1. PROPOSED STATUS				B1. PRESENT STATUS			
1. College/Division	Athletics						
2. Primary Dept. Name	Football						
3. Title of Position	Limited Earning Asst. Coach						
4. Employment Status	Grade	Full-time	Part-time %	Grade	Full-time	Part-time %	
5. Salary	\$ 1,000.00	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____	\$	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____	
6. Academic Term Designation	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____	

A2. PROPOSED SALARY DISTRIBUTION						
7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	
778190	15000-620130	Athletic Admin.	100	12-15-11	12-31-11	
	15100-620130	BON				

B2. PRESENT SALARY DISTRIBUTION						
7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	

C. EXPLANATION

1. Reason for the Appointment, Change, or Termination: Performance Bonus Please pay required fringes of medicare & unemployment.
New pos #

2. Person being replaced: N/A 3. Is this a Tenure Track Position? Yes No

4. For termination, show the last day the employee was or will be present for work: _____

SIGNATURES

Principal Investigator (Grants)	Date	HUMAN RESOURCES OFFICE ONLY
Hiring Unit/Department Chair	Date	Job Code: _____ Title Code: _____ Schedule: _____
Dean of College	Date	Concurrent Approved: _____ Date: _____
Vice President <i>[Signature]</i>	Date 12/14/11	PAYROLL OFFICE ONLY
Human Resources <i>[Signature]</i>	Date 12-14-11	
Budget Office <i>[Signature]</i>	Date 12-14-11	
President <i>[Signature]</i>	Date 12-14-11	Entered by: _____ Date: _____

- Appointment
- Change in Status
- Termination

**UNIVERSITY OF CENTRAL ARKANSAS
PERSONNEL ACTION FORM**

- Regular
- Extra Help
- Emergency Hire

NAME Last	First	M.I.	SOCIAL SECURITY NUMBER	UCA ID
Hay	Jeffrey	T		

A1. PROPOSED STATUS				B1. PRESENT STATUS		
1. College/Division	Athletics					
2. Primary Dept. Name	Volleyball					
3. Title of Position	Asst. Coach					
4. Employment Status	Grade	Full-time <input checked="" type="checkbox"/>	Part-time _____ %	Grade	Full-time _____	Part-time _____ %
5. Salary	\$ 1,000.00	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____	\$	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____
6. Academic Term Designation	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____

A2. PROPOSED SALARY DISTRIBUTION						
7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	
798190	150000-620130	Athletic Admin.	100	1-1-2012	01/31/2012	
	152700-620130					

B2. PRESENT SALARY DISTRIBUTION						
7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	

C. EXPLANATION

1. Reason for the Appointment, Change, or Termination: Performance Bonus. To be paid from private funds.

2. Person being replaced: N/A

3. Is this a Tenure Track Position? _____ Yes No

4. For termination, show the last day the employee was or will be present for work: _____

SIGNATURES				RECEIVED	
Principal Investigator (Grants)	Date	HUMAN RESOURCES OFFICE ONLY		JAN 25 2012	
Hiring Unit/Department Chair	Date	Job Code: <u>13</u>	Title Code: _____	UCA BUDGET OFFICE	
Dean of College	Date	Concurrent Approved: _____		Date: _____	
Vice President	Date	PAYROLL OFFICE ONLY			
Human Resources	Date				
Budget Office	Date				
President	Date	Entered by: _____		Date: _____	

**UNIVERSITY OF CENTRAL ARKANSAS
PERSONNEL ACTION FORM**

Appointment
 Change in Status
 Termination

Regular
 Extra Help
 Emergency Hire

NAME Last	First	M.I.	SOCIAL SECURITY NUMBER	UCA ID
Hollingsworth	Brooks			

A1. PROPOSED STATUS				B1. PRESENT STATUS			
1. College/Division	Athletics						
2. Primary Dept. Name	Football						
3. Title of Position	Asst. Coach						
4. Employment Status	Grade	Full-time <input checked="" type="checkbox"/>	Part-time %	Grade	Full-time	Part-time %	
5. Salary	\$ 5,000.00	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____	\$	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____	
6. Academic Term Designation	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____	

A2. PROPOSED SALARY DISTRIBUTION						
7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	
798991	750000-620130	Athletic Admin.	100	12-15-11	12-31-11	
	157000-620130			BON		

B2. PRESENT SALARY DISTRIBUTION						
7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	

C. EXPLANATION

1. Reason for the Appointment, Change, or Termination: Performance Bonus Please pay required fringes of medicare & unemployment.

2. Person being replaced: N/A

3. Is this a Tenure Track Position? Yes No

4. For termination, show the last day the employee was or will be present for work: _____

RECEIVED
DEC 16 2011

SIGNATURES		
Principal Investigator (Grants)	Date	HUMAN RESOURCES OFFICE ONLY
Hiring Unit/Department Chair	Date	
Dean of College	Date	PAYROLL OFFICE ONLY
Vice President	Date	
Human Resources	Date	UCR BUDGET OFFICE
Budget Office	Date	
President	Date	

Job Code: 13 Title Code: _____ Schedule: _____
 Concurrent Approved: _____ Date: _____

Entered by: _____ Date: DEC 16 AM 8:58

Please Submit This Form in Yellow

**UNIVERSITY OF CENTRAL ARKANSAS
PERSONNEL ACTION FORM**

Appointment
 Change in Status
 Termination

Regular
 Extra Help
 Emergency Hire

NAME Last Kemper	First Anthony	M.I. M	SOCIAL SECURITY NUMBER [REDACTED]	UCA ID [REDACTED]
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A1. PROPOSED STATUS				B1. PRESENT STATUS			
1. College/Division	Athletics						
2. Primary Dept. Name	Women's Basketball						
3. Title of Position	Assistant Coach						
4. Employment Status	Grade	Full-time <input checked="" type="checkbox"/>	Part-time _____ %	Grade	Full-time _____	Part-time _____ %	
5. Salary	\$ 4,250.00	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____	\$ _____	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____	
6. Academic Term Designation	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____	

A2. PROPOSED SALARY DISTRIBUTION						
7. Position Number	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid
(Leave Blank)	Account Number	Account Name		From	To	(Payroll Use Only)
798297	152000 620130	Women's Basketball	100	3-15-12	3-31-12	
		BON				

B2. PRESENT SALARY DISTRIBUTION						
7. Position Number	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid
(Leave Blank)	Account Number	Account Name		From	To	(Payroll Use Only)

C. EXPLANATION

1. Reason for the Appointment, Change, or Termination: Performance Bonus; See Attached. Please pay required fringes of medicare & unemployment only. *New pos #*

2. Person being replaced: N/A 3. Is this a Tenure Track Position? Yes No

4. For termination, show the last day the employee was or will be present for work: _____

SIGNATURES

Principal Investigator (Grants)	Date	HUMAN RESOURCES OFFICE ONLY		
Hiring Unit/Department Chair	Date	Job Code: <u>13</u>	Title Code: _____	Schedule: _____
Dean of College	Date	Concurrent Approved: _____	Date: _____	
Human Resources	Date	PAYROLL OFFICE ONLY		
Budget Office	Date			
President	Date	Entered by: _____	Date: _____	

12 MAR 15 PM 1:59
PERSONNEL OFFICE

**UNIVERSITY OF CENTRAL ARKANSAS
PERSONNEL ACTION FORM**

Appointment
 Change in Status
 Termination

Regular
 Extra Help
 Emergency Hire

NAME Last	First	M.I.	SOCIAL SECURITY NUMBER	UCA ID
Kubik	Matthew			

A1. PROPOSED STATUS				B1. PRESENT STATUS			
1. College/Division	Athletics						
2. Primary Dept. Name	Football						
3. Title of Position	Asst. Coach						
4. Employment Status	Grade	Full-time <input checked="" type="checkbox"/>	Part-time _____ %	Grade	Full-time _____	Part-time _____ %	
5. Salary	\$ 5,000.00	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____	\$	12 mo. _____	9 mo. _____	10 mo. _____ Other _____
6. Academic Term Designation	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____	

A2. PROPOSED SALARY DISTRIBUTION						
7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	
798991	150000-620130	Athletic Admin.	100	12-15-11	12-31-11	
	15100-620130			BON		

B2. PRESENT SALARY DISTRIBUTION						
7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	

C. EXPLANATION

1. Reason for the Appointment, Change, or Termination: Performance Bonus Please pay required fringes of medicare & unemployment.

2. Person being replaced: N/A 3. Is this a Tenure Track Position? RECEIVED No

4. For termination, show the last day the employee was or will be present for work: DEC 1 4 2011

SIGNATURES		UCA BUDGET OFFICE	
Principal Investigator (Grants)	Date	HUMAN RESOURCES OFFICE ONLY	
Hiring Unit/Department Chair	Date	Job Code: <u>13</u>	Title Code: _____ Schedule: _____
Dean of College	Date	Concurrent Approved: _____	Date: _____
Vice President Human Resources	Date	PAYROLL OFFICE ONLY	
Budget Office	Date		
President	Date	Entered by: _____	Date: <u>11 DEC 11 AM 0:58</u>

Please Submit This Form in Yellow

- Appointment
- Change in Status
- Termination

**UNIVERSITY OF CENTRAL ARKANSAS
PERSONNEL ACTION FORM**

- Regular
- Extra Help
- Emergency Hire

NAME Last	First	M.I.	SOCIAL SECURITY NUMBER	UCA ID
McFatrach	David			

A1. PROPOSED STATUS

B1. PRESENT STATUS

1. College/Division	Athletics					
2. Primary Dept. Name	Volleyball					
3. Title of Position	Head Coach					
4. Employment Status	Grade	Full-time <input checked="" type="checkbox"/>	Part-time <input type="checkbox"/>	Grade	Full-time	Part-time
			%			%
5. Salary	\$ 2,000.00	12 mo. <input type="checkbox"/>	9 mo. <input type="checkbox"/>	\$	12 mo. <input type="checkbox"/>	9 mo. <input type="checkbox"/>
		10 mo. <input type="checkbox"/>	Other <input type="checkbox"/>		10 mo. <input type="checkbox"/>	Other <input type="checkbox"/>
6. Academic Term Designation	1 (Spring) <input type="checkbox"/>	3 (Summer I) <input type="checkbox"/>	5 (Other) <input type="checkbox"/>	1 (Spring) <input type="checkbox"/>	3 (Summer I) <input type="checkbox"/>	5 (Other) <input type="checkbox"/>
	2 (Fall) <input type="checkbox"/>	4 (Summer II) <input type="checkbox"/>		2 (Fall) <input type="checkbox"/>	4 (Summer II) <input type="checkbox"/>	

A2. PROPOSED SALARY DISTRIBUTION

7. Position Number	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid
(Leave Blank)	Account Number	Account Name		From	To	(Payroll Use Only)
798190	15000-620130	Athletic Admin.	100	1-1-2012	01/31/2012	
	152700-620130					

B2. PRESENT SALARY DISTRIBUTION

7. Position Number	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid
(Leave Blank)	Account Number	Account Name		From	To	(Payroll Use Only)

C. EXPLANATION

- Reason for the Appointment, Change, or Termination: Performance Bonus. To be paid from private funds.
- Person being replaced: N/A 3. Is this a Tenure Track Position? Yes No
4. For termination, show the last day the employee was or will be present for work: _____

SIGNATURES

RECEIVED

Principal Investigator (Grants)	Date	HUMAN RESOURCES OFFICE ONLY	
Hiring Unit/Department Chair	Date	Job Code: <u>013</u>	Title Code: _____
Dean of College	Date	Concurrent Approved: _____	Date: _____
Vice President	Date	PAYROLL OFFICE ONLY	
Human Resources	Date	12 JAN 23 PM 3:20	
Budget Office	Date	PERSONNEL OFFICE	
President	Date	Entered by: _____	Date: _____



Please Submit This Form in Yellow

**UNIVERSITY OF CENTRAL ARKANSAS
PERSONNEL ACTION FORM**

Appointment
 Change in Status
 Termination

Regular _____
 Extra Help
 Emergency Hire _____

William

NAME Last Moore	First Cody	M.I.	SOCIAL SECURITY NUMBER [Redacted]	UCA ID [Redacted]
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A1. PROPOSED STATUS				B1. PRESENT STATUS			
1. College/Division	Athletics						
2. Primary Dept. Name	Football						
3. Title of Position	Limited Earning Asst. Coach						
4. Employment Status	Grade	Full-time	Part-time %	Grade	Full-time	Part-time %	
5. Salary	\$ 1,000.00	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____	\$	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____	
6. Academic Term Designation	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____	

A2. PROPOSED SALARY DISTRIBUTION						
7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	
778190	150000-620130	Athletic Admin.	100	12-15-11	12-31-11	
	151000-620130					
				BON		

B2. PRESENT SALARY DISTRIBUTION						
7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	

C. EXPLANATION

1. Reason for the Appointment, Change, or Termination: Performance Bonus Please pay required fringes of medicare & unemployment.
New pos #

2. Person being replaced: N/A 3. Is this a Tenure Track Position? Yes _____ No

4. For termination, show the last day the employee was or will be present for work: _____

SIGNATURES

Principal Investigator (Grants)	Date	HUMAN RESOURCES OFFICE ONLY	
Hiring Unit/Department Chair	Date	Job Code: <u>06</u>	Title Code: _____
Dean of College	Date	Concurrent Approved: _____	Schedule: _____
Vice President	Date	PAYROLL OFFICE ONLY	
Human Resources	Date		
Budget Office	Date		
President	Date	Entered by: _____	Date: _____

Please Submit This Form in Yellow

**UNIVERSITY OF CENTRAL ARKANSAS
PERSONNEL ACTION FORM**

Appointment
 Change in Status
 Termination

Regular
 Extra Help
 Emergency Hire

NAME Last Nagle	First Brandon	M.I.	SOCIAL SECURITY NUMBER	UCA ID
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A1. PROPOSED STATUS				B1. PRESENT STATUS			
1. College/Division	Athletics						
2. Primary Dept. Name	Football						
3. Title of Position	Asst. Coach						
4. Employment Status	Grade	Full-time <input checked="" type="checkbox"/>	Part-time _____ %	Grade	Full-time _____	Part-time _____ %	
5. Salary	\$ 5,000.00	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____	\$	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____	
6. Academic Term Designation	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____	

A2. PROPOSED SALARY DISTRIBUTION						
7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	
798991	150000-620130	Athletic Admin.	100	12-15-11	12-31-11	
	151000-620130					
				BON		

B2. PRESENT SALARY DISTRIBUTION						
7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	

C. EXPLANATION

1. Reason for the Appointment, Change, or Termination: Performance Bonus Please pay required fringes of medicare & unemployment.

2. Person being replaced: N/A 3. Is this a Tenure Track Position? Yes No

4. For termination, show the last day the employee was or will be present for work: _____ **RECEIVED**

SIGNATURES DEC 14 2011

Principal Investigator (Grants)	Date	HUMAN RESOURCES OFFICE ONLY	
Hiring Unit/Department Chair	Date	Job Code: <u>13</u>	Title Code: _____
Dean of College	Date	Concurrent Approved: _____	Schedule: _____
Vice President	Date	PAYROLL OFFICE ONLY	
Human Resources	Date		
Budget Office	Date		
President	Date	Entered by: _____	Date: <u>11 DEC 14 AM 8:58</u>

**UNIVERSITY OF CENTRAL ARKANSAS
PERSONNEL ACTION FORM**

Appointment
 Change in Status
 Termination

Regular
 Extra Help
 Emergency Hire

NAME Last	First	M.I.	SOCIAL SECURITY NUMBER	UCA ID
Randle	Caronica	S	[REDACTED]	[REDACTED]

A1. PROPOSED STATUS				B1. PRESENT STATUS			
1. College/Division	Athletics						
2. Primary Dept. Name	Women's Basketball						
3. Title of Position	Assistant Coach						
4. Employment Status	Grade	Full-time <input checked="" type="checkbox"/>	Part-time %	Grade	Full-time	Part-time %	
5. Salary	\$ 4,250.00	12 mo. _____	9 mo. _____	\$	12 mo. _____	9 mo. _____	
		10 mo. _____	Other _____		10 mo. _____	Other _____	
6. Academic Term Designation	1 (Spring) _____	3 (Summer I) _____	5 (Other) _____	1 (Spring) _____	3 (Summer I) _____	5 (Other) _____	
	2 (Fall) _____	4 (Summer II) _____		2 (Fall) _____	4 (Summer II) _____		

A2. PROPOSED SALARY DISTRIBUTION						
7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid
	Account Number	Account Name		From	To	(Payroll Use Only)
798297	152000	Women's Basketball	100	3-15-12	3-31-12	
		Bow				

B2. PRESENT SALARY DISTRIBUTION						
7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid
	Account Number	Account Name		From	To	(Payroll Use Only)

C. EXPLANATION

1. Reason for the Appointment, Change, or Termination: Performance Bonus; See Attached. Please pay required fringes of medicare & unemployment only.

2. Person being replaced: N/A 3. Is this a Tenure Track Position? Yes _____ No

4. For termination, show the last day the employee was or will be present for work: _____

SIGNATURES		
Principal Investigator (Grants)	Date	HUMAN RESOURCES OFFICE ONLY
Hiring Unit/Department Chair	Date	
Dean of College	Date	
President	Date	PAYROLL OFFICE ONLY
Human Resources	Date	
Budget Office	Date	
President	Date	

Job Code: 13 Title Code: _____ Schedule: _____
 Concurrent Approved: _____ Date: _____

Entered by: _____ Date: _____

12 MAR 15 PM 1:59
 PERSONNEL OFFICE

- Appointment
- Change in Status
- Termination

**UNIVERSITY OF CENTRAL ARKANSAS
PERSONNEL ACTION FORM**

- Regular
- Extra Help
- Emergency Hire

NAME Last	First	M.I.	SOCIAL SECURITY NUMBER	UCA ID
Swanson	Niel			

A1. PROPOSED STATUS

B1. PRESENT STATUS

1. College/Division	Athletics					
2. Primary Dept. Name	Football					
3. Title of Position	Audio Visual Coordinator					
4. Employment Status	Grade	Full-time <input checked="" type="checkbox"/>	Part-time _____ %	Grade	Full-time _____	Part-time _____ %
5. Salary	\$ 500.00	12 mo. _____	9 mo. _____	\$	12 mo. _____	9 mo. _____
		10 mo. _____	Other _____		10 mo. _____	Other _____
6. Academic Term Designation	1 (Spring) _____	3 (Summer I) _____	5 (Other) _____	1 (Spring) _____	3 (Summer I) _____	5 (Other) _____
	2 (Fall) _____	4 (Summer II) _____		2 (Fall) _____	4 (Summer II) _____	

A2. PROPOSED SALARY DISTRIBUTION

7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	
798197	151000-620130	Football	100			
798890	150000-620130					

B2. PRESENT SALARY DISTRIBUTION

7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	

C. EXPLANATION

1. Reason for the Appointment, Change, or Termination: Left off coaches incentive from December
2. Person being replaced: _____
3. Is this a Tenure Track Position? RECEIVED No
4. For termination, show the last day the employee was or will be present for work: JAN 06 2011

SIGNATURES

UCA BUDGET OFFICE

Principal Investigator (Grants)	Date	HUMAN RESOURCES OFFICE ONLY		
Hiring Unit/Department Chair	Date	Job Code: <u>13</u>	Title Code: _____	Schedule: _____
Dean of College	Date	Concurrent Approved: _____		Date: _____
Vice President <i>[Signature]</i>	Date <u>1/4/12</u>	PAYROLL OFFICE ONLY		
Human Resources <i>[Signature]</i>	Date <u>1-6-12</u>	12 JAN - 6 AM 10:04 PERSONNEL OFFICE RECEIVED		
Budget Office <i>[Signature]</i>	Date <u>1-6-12</u>			
President <i>[Signature]</i>	Date <u>1-6-12</u>			
		Entered by: _____	Date: _____	

**UNIVERSITY OF CENTRAL ARKANSAS
PERSONNEL ACTION FORM**

Appointment
 Change in Status
 Termination

Regular
 Extra Help
 Emergency Hire

NAME Last	First	M.I.	SOCIAL SECURITY NUMBER	UCA ID
Wilhite	Kendrick			

A1. PROPOSED STATUS				B1. PRESENT STATUS			
1. College/Division	Athletics						
2. Primary Dept. Name	Football						
3. Title of Position	Asst. Coach						
4. Employment Status	Grade	Full-time <input checked="" type="checkbox"/>	Part-time _____ %	Grade	Full-time _____	Part-time _____ %	
5. Salary	\$ 5,000.00	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____	\$	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____	
6. Academic Term Designation	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____	

A2. PROPOSED SALARY DISTRIBUTION						
7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	
798991	150000-620130	Athletic Admin.	100	12-15-11	12-31-11	
	151000-620130			30N		

B2. PRESENT SALARY DISTRIBUTION						
7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	

C. EXPLANATION

1. Reason for the Appointment, Change, or Termination: Performance Bonus Please pay required fringes of medicare & unemployment.

2. Person being replaced: N/A

3. Is this a Tenure Track Position? Yes No

4. For termination, show the last day the employee was or will be present for work: DEC 16 2011

SIGNATURES		
Principal Investigator (Grants)	Date	HUMAN RESOURCES OFFICE ONLY UCA BUDGET OFFICE Job Code: <u>13</u> Title Code: _____ Schedule: _____ Concurrent Approved: _____ Date: _____
Hiring Unit/Department Chair	Date	
Dean of College	Date	
Vice President	Date	
Human Resources	Date	PAYROLL OFFICE ONLY 89-3 107 41 350 11 11 DEC 11 10:58 501440 75403872 07A1000
Budget Office	Date	
President	Date	

Please Submit This Form in Yellow

**UNIVERSITY OF CENTRAL ARKANSAS
PERSONNEL ACTION FORM**

Appointment
 Change in Status
 Termination

Regular
 Extra Help
 Emergency Hire

NAME Last: Williamson First: Matthew M.I.: SOCIAL SECURITY NUMBER: UCA ID:

A1. PROPOSED STATUS				B1. PRESENT STATUS			
1. College/Division	Athletics						
2. Primary Dept. Name	Football						
3. Title of Position	Asst. Coach						
4. Employment Status	Grade	Full-time <input checked="" type="checkbox"/>	Part-time _____ %	Grade	Full-time _____	Part-time _____ %	
5. Salary	\$ 5,000.00	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____	\$	12 mo. _____ 10 mo. _____	9 mo. _____ Other _____	
6. Academic Term Designation	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____	1 (Spring) _____ 2 (Fall) _____	3 (Summer I) _____ 4 (Summer II) _____	5 (Other) _____	

A2. PROPOSED SALARY DISTRIBUTION

7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	
798991	150000-620130	Athletic Admin.	100	12-15-11	12-31-11	
	151000-620130	BON				

B2. PRESENT SALARY DISTRIBUTION

7. Position Number (Leave Blank)	8. Salaries Account Number and Name		9. %	10. Effective Dates		11. Amount to be Paid (Payroll Use Only)
	Account Number	Account Name		From	To	

C. EXPLANATION

1. Reason for the Appointment, Change, or Termination: Performance Bonus Please pay required fringes of medicare & unemployment.

2. Person being replaced: N/A 3. Is this a Tenure Track Position? Yes No

4. For termination, show the last day the employee was or will be present for work: _____

SIGNATURES

Principal Investigator (Grants)	Date	HUMAN RESOURCES OFFICE ONLY	
Hiring Unit/Department Chair	Date		
Dean of College	Date	Job Code: <u>13</u>	Title Code: _____
President	Date	Concurrent Approved: _____	Schedule: _____
Human Resources	Date	PAYROLL OFFICE ONLY	
Budget Office	Date		
President	Date		

Entered by: _____ Date: DEC 14 2011