

FACULTY FORMS

TRAINING

SUPPLEMENT

Type of Action	Required Reviews and/or Approvals			
	Sr Mgt	Research	Provost or EVP	President
Mid-cycle adjustments including promotions, increased responsibilities, alignment, retention, or other special cases				
for Special Research Fac	Any amt	Any amt	≥10%	≥10%
for all other types of Fac	Any amt		Any amt	≥10%
Routine or Fixed Increases (note 1):				
Extension Unit or Area Coordinator Supplements	All	(no further approval needed)		
Completion of degree (usually Extension)	All	(no further approval needed)		
Prevailing wage determination/visa issues	All	(no further approval needed)		
Overseas supplements per Dept of State guidelines	All	(no further approval needed)		
Change in % appointment w/ proportional salary increase	All	(no further approval needed)		
Cost of living adjustment for National Capital Region	All	(no further approval needed if \$3-5,000; exceptional increases require approvals above)		
AY-CY or CY-AY using straight formula only @ 1.22222	All	(no further approval needed)		
CY Research Conversions	All		All	
Offers made to current employees as a result of a competitive search				
for Special Research Fac	Any amt	Any amt	≥10%	≥10%
for all other types of Fac	Any amt		≥10%	≥10%
Conversion from Classified to Faculty (Note 2)	Any amt	Any amt	Any amt	≥10%
Annual Merit Increase for Restricted A/P or Instructional Fac (when employee raise was not included in Nov. merit process)	Any amt		Any amount (<10% signed by Assoc Provost)	≥10%
Administrative Supplements (i.e. for dept heads)	Any amt		Any amt	≥10%
Change from non-tenure track to tenure-track appointment w/ or w/out salary increase WITHOUT search	All		All	
Notes: (1) The amounts are specified by university policy or by Dept of Labor regulations for prevailing wages. (2) Conversion to A/P faculty must be approved by Personnel Services, to Research Faculty by Office of the VP for Research, or to T&R by Assoc Provost.				

Faculty Actions/Forms Needed

Faculty Action	Form(s) to Complete
New Hire	Terms of Faculty Offer
	Demographic Page
	If Tenured, approval from Provost & President
	Vita
Promotion (Internal) - Applies primarily to A/P and Special Research Faculty	Copy of PeopleAdmin Posting or Search Exemption
	P3A
	Terms of Faculty Offer
	Separation Notice (from Dept Emp is Leaving)
Change to New Position	Copy of PeopleAdmin Posting or Search Exemption
	P3A
	Terms of Faculty Offer
	Separation Notice (from Dept Emp is Leaving)
Classified to Faculty Conversion	Copy of PeopleAdmin Posting or Search Exemption
	P3A
	Terms of Faculty Offer
	Demographic Page
	Vita
	Letter from HR detailing changes to Leave & Benefits
Continuation of Appointment	Terms of Reappointment
	P3A (if changes are being made)
Change % of Time Worked (must remain at least 50%)	P3A
	Terms of Faculty Offer - (Needed only if PT to FT (80%) or FT to PT (<80%))
AY/CY & CY/AY Conversions	P3A
	Letter from HR detailing changes to Leave & Benefits
AY/CY Research Conversion	Research Conversion Form
	P3A
	Letter from HR detailing changes to Leave & Benefits
Regular to Restricted or Restricted to Regular	Terms of Faculty Offer
	P3A
	Letter from HR detailing changes to Leave & Benefits
Administrative Supplement	P3A
Eminent Scholar	P3A
Retention	P3A
Unit Coordinator Supplement	P3A
Rank Change / Functional Title Change	P3A
Other Salary Adjustments	P3A
Funding Change - Current/Future Pay Period	Banner Personnel Action Form (PAF)
	P10 (if crosses orgs)
Funding Change - Retroactive	P10
	Justification Document for change over 90 days
Organizational Transfer	P10 or P3A (if other actions being done)
Research Assignment Leave w/Full Pay	Memorandum of Agreement
	Promissory Note
	P3A
Study Research Leave w/Partial Pay	Memorandum of Agreement
	Promissory Note
	P3A
Return from Leave	P3A
Separation from University	P4A
	Documentation (i.e. letter of separation/resignation)
Leave without Pay	Memo to the Provost
	P4B

* Search Exemption - Should include: Approved Search Exemption Request Form, Position Description with detailed Qualifications, and Org Chart

** Make sure that all P3A's have detailed explanation for action(s) being taken

*** If you have any questions about what is needed please feel free to call Sarah Castle at 231-7180 or secastle@vt.edu

Terms of Faculty Offer

This is the official offer letter for a new appointment of a Faculty Member. It should be used for an original appointment or an appointment to a new position.



TERMS OF FACULTY OFFER

Date of Offer: Enter Date of Offer
Response Due Date: Enter Response Due Date

Name: Enter Name of Candidate
Social Security Number: Enter Candidate's SSN
Department: Enter Dept Name & 6 Digit Number
Annual Salary: Enter Annual Salary
Effective Date: Enter Effective Date of Appointment
Position Number: Enter 6 Digit Position Number
Rank: Enter Rank
Tenure Status: Tenure Track
Year of Mandatory Tenure Review: Enter Academic Year of Tenure Review
Appointment Type: Regular
Agency 229 Assignment, if relevant: Enter % Extension
Enter % Ag Experiment Station
Period of Appointment: Academic Year
Location of Work: Enter Location of Work - e.g. Blacksburg, VA
Current/Past University Employee: Enter Yes or No
Funding Information: Enter 6 Digit Fund Number and %

INITIAL APPOINTMENT PERIOD AND MANDATORY TENURE REVIEW DATE:

Your initial appointment is for a period of Enter initial appointment (e.g. 2 or 3) years. The maximum total period for probationary appointments is six years. A decision about tenure, if not made earlier, must be made by the mandatory tenure review date stated above. If the tenure decision made in this sixth year is negative, a one-year terminal appointment will be offered. Please see section 2.8 of the Faculty Handbook for additional information about the probationary period and the tenure review process. Faculty members hired on or after June 1 would be eligible for a merit adjustment to be effective November 25 of the subsequent year.

Academic year faculty are expected to be available up to two weeks before the start of classes through two weeks following commencement. The department head will notify you of specific obligations during the pre and post-class period.

ANNUAL AND SICK LEAVE:

No annual leave is awarded within the academic year, but the discretion of the department head is recognized in assigning duties during periods when the University is not in session. Full-time faculty members on regular salaried appointments receive immediate protection of 28 weeks of sick leave. Faculty members who also elect the state retirement program (VRS) may select a state-defined program for sick leave and short-term disability instead. This option will be described to eligible faculty members during benefits enrollment. Unused sick leave is not compensated at termination of appointment.

Information to be entered- Lines from Date of Offer through Funding information should be entered completely. If there is a line that is not applicable please put N/A.

Social Security Number – If the person has an university assigned number it can be used here.

Current/Past University Employee – Choose Yes if the person has worked for the university in any capacity, Wage, GRA, etc.

Information contained in Terms – The paragraphs [Initial Appointment Period and Mandatory Tenure Review Date](#) through [Final Appointment Approval and Faculty Handbook](#) contain information that is general for all Faculty and **MUST** be contained in this offer letter. These paragraphs should **NOT** be altered in anyway. If you feel like the information contained does not apply to your situation you are probably using the wrong Terms. Please confirm that the footnote description applies to your situation. Under the heading [Other Terms of this Appointment](#) is where additional information specific to this

P3A

Report of Appointment or Change of Status

This form can be thought of as the catch-all. It can change most anything that you want to change. It can also change things when you do not intend to change them, which is why accuracy is very important.

Name, Dept Name, Dept #, Mail Code, Emp ID #, Place of Work – Should all be current information. The ID# can be the SS# or the University ID#. If the person is changing departments it is especially important that the new information is filled in here.

Funding Information – Enter new if it needs to change. If a change does not need to be made, enter current or leave blank. Any new information entered here will be updated.

Type of Appointment – It is important to use the new or current information. If this information is changed from Banner it will be assumed the information should

Original/Present – This should be identical to the information in Banner for the current position. Only A/P faculty should have a working title. Other salary includes AS, ES, & CL

Requested – Any line that is changing should be filled out. It is not necessary for every line to have information.

Reason for Request – Please see below for a description of each request.

Departmental Note – This is not used enough. It is better to over explain these actions than to under explain them. Think in the following terms – 'This piece of paperwork is going to be here longer than my memory of it.'

Signatures – Remember there are not always enough lines for everyone who needs to sign an action, please feel free to add necessary lines.

PS Form P3A (Rev. 8/02)

**VIRGINIA POLYTECHNIC INSTITUTE & STATE UNIVERSITY
REPORT OF APPOINTMENT OR CHANGE OF STATUS**

Name	Last	First	Middle Initial	Department Name	Dept. #	Mail Code
Employee ID Number		Place of Work (if off campus)			Effective Date	

Funding Information				Type of Appointment			
Dept. Number	Fund	Activity Code	%	<input type="checkbox"/> Classified	<input type="checkbox"/> A/P Fac	<input type="checkbox"/> T/R Fac	<input type="checkbox"/> Research Fac
				<input type="checkbox"/> Regular	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> AY
				<input type="checkbox"/> Restricted			<input type="checkbox"/> CY
				Hrs./Wk _____			

Original/Present	Requested
Position Number	
Role Title/Rank	
Working Title	
Annual State Salary \$	\$
Other Salary (Specify) \$	\$
Total Annual Salary \$	\$
Current/Most Recent Salary \$	

Reason For Request

<input type="checkbox"/> Original Appointment <input type="checkbox"/> Re-Employment <input type="checkbox"/> Promotion <input type="checkbox"/> Transfer - Competitive <input type="checkbox"/> Transfer - Non Competitive <input type="checkbox"/> Transfer from other Agency <input type="checkbox"/> Transfer in Lieu of Layoff <input type="checkbox"/> Demotion - Voluntary <input type="checkbox"/> Demotion - Voluntary in Lieu of Layoff <input type="checkbox"/> Demotion Performance	<input type="checkbox"/> Demotion - Disciplinary <input type="checkbox"/> Temporary Pay <input type="checkbox"/> Competitive Offer (must attach offer letter) Change % of Time from _____ % to _____ % <input type="checkbox"/> Classified to Faculty <input type="checkbox"/> Faculty to Classified <input type="checkbox"/> AY to CY Appointment <input type="checkbox"/> CY to AY Appointment <input type="checkbox"/> Faculty Salary Adjustment	<input type="checkbox"/> Education Leave with Partial Pay* <input type="checkbox"/> Study Research Leave with Partial Pay* <input type="checkbox"/> Research Assignment Leave with Full Pay* <input type="checkbox"/> Return from Leave <input type="checkbox"/> Organizational Transfer from Dept. # _____ to Dept. # _____ <input type="checkbox"/> Other (Explain Below) _____
--	---	--

*Memorandum of Agreement Must Be Attached

For Classified Appointments Only - Salary offers above the entrance to the pay band or above the advertised minimum must be approved by Personnel Services prior to making an offer. Provide pay justification in Department Note. Factors that must be addressed are salaries of other employees in department, candidate's experience, education, certifications, availability of qualified candidates, last/current salary of candidate, negotiations and budget available. See back for assistance with justification.

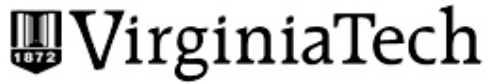
Department Note: _____

Extension	Print Name _____	Signature _____	Date _____	Pers. Serv. Use
Research	Print Name _____	Signature _____	Date _____	HR Rep Date
Dept. Head or Director	Print Name _____	Signature _____	Date _____	Banner Date
Dean/VP	Print Name _____	Signature _____	Date _____	PMIS Date

Reason for Request

1. **Original Appointment** – This is only used for Classified Employees, all Original Appointments for Faculty require a Terms of Faculty Offer Letter.
2. **Re-Employment** – This is only used for Classified Employees, all Faculty re-hired after a break in service (of even 1 day) require a Terms of Faculty Offer Letter.
3. **Promotion** – Can be used for faculty who are being promoted within their existing organization. This should not be used for Teaching and Research faculty as their promotion process is handled differently. It is also not necessary to fill out a P3A following a promotion approval approved by the Board in their spring meeting, there is a notification from the Provost's Office to Human Resources for all such promotions. A Terms of Faculty Offer letter should also be completed if the Type of Appointment is changing, i.e. Regular to Restricted or T&R to A/P.
4. **Transfer Competitive** – This is used when a Faculty member is hired to a new position following a competitive search. This change reason does not always imply an increase in salary nor an increase in rank. A Terms of Faculty Offer Letter and a Separation Notice (if changing departments, the department that is being left should complete this) should accompany the P3A if this is the reason used.
5. **Transfer Non Competitive** – This is used when a Faculty member is hired to a new position following a search exemption. Again this change reason does not always imply an increase in salary nor an increase in rank. A Terms of Faculty Offer Letter and a Separation Notice (if changing departments, the department that is being left should complete this) should accompany the P3A if this is the reason used.
6. **Transfer from other Agency** – This is only used for Classified Employees, all Original Appointments to Virginia Tech for Faculty require a Terms of Faculty Offer Letter.
7. **Transfer in Lieu of Layoff** – Under most circumstances this is only used for Classified Employees, can be used for Faculty if the reason applies. If used for Faculty then a Terms of Faculty Offer letter will also be required.
8. **Demotion – Voluntary** – Under most circumstances this is only used for Classified Employees, can be used for Faculty if the reason applies. If used for Faculty then a Terms of Faculty Offer letter will also be required.
9. **Demotion – Voluntary in Lieu of Layoff** - Under most circumstances this is only used for Classified Employees, can be used for Faculty if the reason applies. If used for Faculty then a Terms of Faculty Offer letter will also be required.
10. **Demotion Performance** - Under most circumstances this is only used for Classified Employees, can be used for Faculty if the reason applies. If used for Faculty then a Terms of Faculty Offer letter will also be required.
11. **Demotion Disciplinary** - Under most circumstances this is only used for Classified Employees, can be used for Faculty if the reason applies. If used for Faculty then a Terms of Faculty Offer letter will also be required.
12. **Temporary Pay** - Under most circumstances this is only used for Classified Employees, can be used for Faculty if the reason applies. If used for Faculty then a Terms of Faculty Offer letter will also be required.
13. **Faculty Salary Adjustment** – The catch- all for all salary increases. If the P3A is for a salary increase that is not highlighted in any of the other available categories then this should be the reason. However, this should not be selected without details given in the Department Notes. These notes should be clear and detailed.
14. **Competitive Offer** – This is used when a pay increase is given in hopes of retaining a Faculty member that has received an offer from another university/ organization. The offer letter from the other organization should accompany this P3A, however if that is not possible the name of the other organization and as many details of the offer should be documented in the Department Notes.
15. **Change % of Time from _____% to _____%** - This reason is used when going from one percent time to another. This can increase percent time or decrease time. The salary should be proportional to the time change. If the time is below 50% then the Faculty can no longer be paid on a salaried appointment. If the time is between 50% and 79% the Faculty is eligible for retirement benefits. If the time is above 80% the Faculty is also eligible for Health benefits. If going from 100% to part time or from part time to 100% a new Terms of Faculty Offer letter must be completed, as their Terms have changed

16. **Classified to Faculty** – This is used when a Classified Employee is being moved into a Faculty position. The P3A should be accompanied by a Terms of Faculty Offer, Vita, a Separation Notice (if changing departments, the department that is being left should complete this), and the search or search exemption.
17. **Faculty to Classified** – This is used when a Faculty employee is being moved into a Classified Position. The P3A should be accompanied by a Separation Notice (if changing departments, the department that is being left should complete this) and both should be sent to your Human Resources' Consultant.
18. **AY to CY Appointment** – This is used when a Faculty Member is moving into a Calendar Year Appointment. The conversion rate must be documented on the P3A in the Department Notes. If this is a mid-year conversion then the Faculty member will receive a lump sum payment of their deferred balance. If this is a Calendar Year Research Conversion then the Request for Calendar-Year Research Conversion form must also be completed. This is found at http://www.provost.vt.edu/web_pages/form_cy_conversion.pdf
19. **CY to AY Appointment** – This is used when a Faculty Member is moving into an Academic Year Appointment. The conversion rate must be documented on the P3A in the Department Notes. It is the recommendation that these changes be made on 08/10 and 12/25 only. This is due to the complexity of calculating the correct deferred payments. Earned Annual Leave will be paid out to the Faculty providing they were in a position that provides for this.
20. **Faculty Salary Adjustment** – The catch- all for all salary increases. If the P3A is for a salary increase that is not highlighted in any of the other available categories then this should be the reason. However, this should not be selected without details given in the Department Notes. These notes should be clear and detailed. This can be used as an option for adding Unit Coordinator Supplements, Administrative Supplements, Eminent Scholar Appointments, etc.
21. **Education Leave with Partial Pay** – Educational leave is approved by the Board before a Faculty member takes leave. The P3A should be accompanied by a copy of the Board's approval letter and the Memorandum of Agreement for Leave with Pay.
22. **Study Research Leave with Partial Pay** – Study Research leave is approved by the Board before a Faculty member takes leave. The P3A should be accompanied by a copy of the Board's approval letter and the Memorandum of Agreement for Leave with Pay.
23. **Research Assignment Leave with Full Pay** – Research leave is approved by the Board before a Faculty member takes leave. The P3A should be accompanied by a copy of the Board's approval letter and the Memorandum of Agreement for Leave with Pay.
24. **Return from Leave** – Regardless of the fact that leave is approved for a specific time frame, a P3A is still required to bring the person back from leave. It can be completed at the same time that the P3A to put them on leave is sent.
25. **Organizational Transfer** – A P3A for this should only be completed if there are other changes as well. If it is only an Organizational Transfer then a P10 should be used.
26. **Other** – This is used when the change requested does not fit into any other category. If this option is checked then the Department Notes need to be clear and detailed.



Request for Research-Extended Appointment

This form should be used to request conversion of an Academic Year (AY) faculty appointment to a 10-, 11-, or 12-month contract. The faculty member must provide assurance of funding to cover the full cost of salary plus full fringe benefits for the one, two, or three additional months of the proposed appointment. The source of such funds must be sponsored grants and contracts (excluding indirect or overhead).

This signed request should be accompanied by a P3A and a letter of support and justification from the Department Head and should be submitted by December 15 to be effective for the following summer, if there is only one summer of funding available. If funding for multiple summers is available, you may submit this request anytime up to April 25.

I hereby request that my Academic Year (AY) faculty position be converted to a research-extended appointment under the conditions described below. This conversion is requested pursuant to the stipulations in Policy No. 6200, Rev. 3, Policy on Research Extended Appointments (mark one):

- 10-month appointment (August 10-June 9) (Base AY salary x 1.111111)
11-month appointment (August 10-July 9) (Base AY salary x 1.222222)
12-month appointment (August 10-August 9) (Base AY salary x 1.333333)

Name of Faculty: VT ID #:

Department Name and #:

Current AY salary: Converted salary: Effective Date:

Source of Funding (Name of project and fund #):

I certify that sponsored funding is available for 1 year, or 2 years. (Research extended appointments may be renewed with documentation of funding.)

Faculty Signature

Date

Approvals:

Department Head

Date

College Dean

Date

Provost

Date

P5A

Position Change Request for Salaried Administrative and Professional Faculty

The purpose of this form is to change the duties and/or rank of an A/P faculty.

PS Form P-5A (Rev. 4-99)

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

POSITION CHANGE REQUEST FOR SALARIED ADMINISTRATIVE AND PROFESSIONAL FACULTY

Date Submitted	Department Name	Department Number
College or Division	Place of Work (For off campus only)	

PART I. PLEASE CHECK APPLICABLE REQUEST(S):

- CHANGE OF TITLE (List current and requested class title below)
- REDEFINITION OF DUTIES (List current and requested class title below)
- OTHER:
Explain: _____

Approval of request will automatically change incumbent's record.

Position Number: _____

Current Title: _____

Requested Title: _____

Effective Date: _____ to _____

STATUS (MARK X IN ONE BOX ONLY):

Full-Time	Non Restr.	Restr.	
	<input type="checkbox"/>	<input type="checkbox"/>	
Part-Time			For Part-Time Indicate No. Of Hrs./Wk. _____
	<input type="checkbox"/>	<input type="checkbox"/>	

DO NOT TYPE IN BLOCKED OFF AREA BELOW

PERSONNEL OFFICE USE ONLY
(Additional space on reverse side)

Rich Term	Position	Incumbent
_____	_____	_____
Tech Term	_____	_____
_____	_____	_____
Previous Position Class Code		
Requested Position Class Code		
Location Code _____		
Human Resources Consultant	Date	
_____	_____	

PART II:
NAME OF INCUMBENT _____ EMPLOYEE ID # _____

PART III: SUPPLY THIS INFORMATION FOR ALL REQUESTS.
Explain the reason(s) for the changes in the duties of the position, or need to change title. _____

<p>R E Q U E S T E D B Y</p> <p>Principal Investigator _____ Date _____</p> <p>Department Head/Director _____ Date _____</p>	<p>A P P R O V E D B Y</p> <p>Extension Division (As Required) _____ Date _____</p> <p>Research Division (As Required) _____ Date _____</p> <p>Vice President/Provost _____ Date _____</p> <p>Dean _____ Date _____</p>
---	--

SUPPLY INFORMATION ON REVERSE SIDE

PARTS IV and V are to be completed for Administrative and Professional Faculty position requests only.

Change of Title – Please select this option and list the request below.

Attachments – Please attach description of new duties and an organizational chart. These can be a separate attachment or on page two there is space provided for this information.

P10

Change and/or Extend Funding

This form can be used to change funding retro-actively, change funding that crosses organizations, or to change organizations when that is the only change to be made.

Position/Employee Type – Please select the type of employment. Graduate Assistant is also sent to Human Resources for processing.

Action is intended for - Please select who/what the action is intended for. However, if the funding is changing to a 3, 4, or 5 fund number the position will remain as being charged to an overhead account.

Organizational Transfer – If the only action to be done is an Org transfer/ Funding Change then the P10 can be used. Put the effective date of the org transfer in the effective date found by Action 1.

Signatures – All forms must be signed by the appropriate people. Remember that if the funding crosses orgs then it needs to be signed by both departments, not just the home department.

PS Form P10 (Rev. 4-03)

Virginia Polytechnic Institute and State University
CHANGE AND/OR EXTEND FUNDING

Position/Employee Type: Faculty Classified Graduate Assistant

Action Is Intended For: Position Employee Both

Organizational Transfer: From _____ To _____ (indicate funding source and percentage below)

Date Current Funding Entered By Department (if applicable): _____ For Pay Period Number: _____

Employee ID Number	Employee Name	Last	First	Middle Initial
Position Number	Role Title			
Current Orgn/Department Number	Department Name			

Action 1					Action 2				
Effective Date:		Expiration Date:			Effective Date:		Expiration Date:		
Orgn. No.	Fund No.	Actv. Code	Amount *	%	Orgn. No.	Fund No.	Actv. Code	Amount *	%
			\$	100				\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	

Action 3					Action 4				
Effective Date:		Expiration Date:			Effective Date:		Expiration Date:		
Orgn. No.	Fund No.	Actv. Code	Amount *	%	Orgn. No.	Fund No.	Actv. Code	Amount *	%
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	

**For Graduate Action: Only*

For Retroactive Funding Changes Over 90 Days, Please Note Reason:

Late Receipt of Sponsored Funding (new and renewal) Other (Explain - Requires Research Division Approval)

Related Research Was Involved

Principal Investigator	Date	Dean	Date
Department Head/Director	Date	Research Division (As Required)	Date

Instructions:
 Retroactive Funding Actions: Forward completed form to Payroll Department, (0339).
 Current/Future Actions: Enter directly into HRIS using *Personnel Activity Form (PAF)* and retain form in department.
 Organizational Transfers (transfer of employee position between departments): Send to Personnel Services, (0318).
 File for audit purposes. If unable to enter directly into system, send completed form to Personnel Services, (0318).

For Personnel/Payroll Use Only
Payroll: _____
Personnel: _____

Date Current Funding Entered by Department – Please note that current funding should be entered by the department, unless funding crosses organizations.

Employee ID #, Etc – These boxes should be filled out completely. It is especially important in the Position Number box to indicate the suffix of the position that needs to be changed, e.g. ES, AS, 00, etc.

Actions 1-4 – All four actions can be used if future funding is known. Future funding is entered in the Pay Period in which it occurs. It is Human Resources responsibility to maintain records so that the funding changes occur.

Additional Information - If funding is changing only retro-actively the P10 should be sent to Payroll. If a funding change is both current and retro-active then it can be sent to Payroll or Human Resources and they will communicate with each other to ensure all changes are made.

P88

Memorandum of Agreement for Leave with Pay

This must be completed when Leave with Pay is requested. A P3A and the letter of Board Approval must also accompany this letter.

Virginia Tech

PS Form P88

Memorandum of Agreement for Leave with Pay revised by the Provost's Office, 8/30/04

Name of employee: _____

Title: _____

Period of leave
begin date _____ end date _____

Location of leave or institution to be attended: _____

Date of approval of leave by Board of Visitors: _____

Type of leave and salary support (check the approved leave type):

_____ Research Assignment Full pay, half year
_____ Study-Research Leave Half pay, full year
_____ Educational Leave Partial pay

Agreement

1. In consideration for this leave of absence with pay, I will execute the attached promissory note agreeing to return to full-time service with Virginia Tech for the specified period of time, or I will repay the *pro rata* portion of the compensation provided by Virginia Tech during the leave period.
2. For faculty on research assignment or study-research leave: I agree to return to full-time service with the university for a minimum of at least one academic year at the end of the approved leave or to repay the university the salary received plus interest. If less than this required period of service is met, repayment is required of the *pro rata* portion of the compensation provided by the university during the leave period. I agree to furnish an appropriate description of the work and a report of accomplishments to the provost and my department head within sixty (60) days of return to full-time status.
3. For employees on educational leave: I agree to return to full employment in the university for a period twice the time of the approved leave or to repay the university the salary received plus interest. If less than this required period of service is met, repayment is required of the *pro rata* portion of the compensation provided by the university during the leave period. I agree to furnish Personnel Services a copy of the university transcript or other acceptable record, which will show the titles of the courses taken the number of credit hours and the grades received or annotation of progress achieved in the course. If I withdraw from my program of study at a date in advance of the termination of the leave, I will immediately return to full-time employment at Virginia Tech.

Signature of Employee _____ Date _____

Approval for Faculty: _____ Approval for Classified Staff: _____

Department Head _____ Date _____ Department Head _____ Date _____

Dean _____ Date _____ Dean or Vice President _____ Date _____

University Provost _____ Date _____ Asst. Vice President, Personnel Services _____ Date _____

Research /Study Leave – They must be in full-time service for one academic year following their return from leave in order to not owe the University money.

Education Leave – They must be in full-time service for twice the amount of time on leave in order to not owe the University money. Example: On leave for 1 semester, must return to work for 2 semesters.

Amount to be re-paid to University – Calculate this based upon the Board approved amount of time to be away from the university. If they are to be gone for 2 semesters or a full year it should be their annual salary. If they are going to be gone for 1 semester or six months then it would be half their annual salary.

P4A Separation Notice

**This form should be used when a current employee separates from their current position.
The use of this form does not always indicate that the person is leaving Virginia Tech.**

Virginia Polytechnic Institute and State University		PS Form P4A (Rev. 03/05)	
SEPARATION NOTICE			
To prevent overpayment and to facilitate timely leave payments, The Separation Notice (P4A), must be completed and sent to Personnel Services by the last day of work.			
SSN/Employee ID	Employee Name <small>Last First Middle Initial</small>		
Position Number	Title		
Department Name/Number		Department Contact	
Effective Date		Work Schedule (if other than M-F - 8-5):	
<small>AM PM</small>			
Mailing Address (for tax withholding statements)			
Attach letter of resignation or termination to the original Separation Notice with the department head (or designee) signature and forward to Personnel Services. If other individuals/departments need this information for their records, please provide them a copy of this form.			
Resignation		Classified Terminations	
<input type="checkbox"/> Better Job – Leaving state employment <input type="checkbox"/> Resigned During Probationary Period <input type="checkbox"/> Leaving Area <input type="checkbox"/> Family Responsibilities <input type="checkbox"/> Education <input type="checkbox"/> Personal Reasons <input type="checkbox"/> Ill Health <input type="checkbox"/> Death <input type="checkbox"/> Dissatisfied (Explain in Comments Section) <input type="checkbox"/> Military (Requires copy of official military orders) <input type="checkbox"/> Other (Explain in Comments Section)		<input type="checkbox"/> Completion of Restricted Appointment <input type="checkbox"/> Separation/Layoff <input type="checkbox"/> Unsatisfactory Performance During Probationary Period <input type="checkbox"/> Disciplinary Action <input type="checkbox"/> Expiration of Conditional Leave <input type="checkbox"/> Performance Evaluation Process	
Transfer		Faculty Terminations	
<input type="checkbox"/> Classified to Faculty <input type="checkbox"/> Faculty to Classified <input type="checkbox"/> Transfer to Other VT Department Dept _____ <input type="checkbox"/> Transfer to Other Virginia State Agency		<input type="checkbox"/> Completion of Restricted Appointment <input type="checkbox"/> Did Not Receive Tenure <input type="checkbox"/> Non-Reappointment <input type="checkbox"/> Termination for Cause (Explain in Comments Section) <input type="checkbox"/> Position Abolish of A/P Faculty <input type="checkbox"/> ASO	
		Retirement	
		<input type="checkbox"/> Service Retirement <input type="checkbox"/> Disability Retirement	
Comments _____			
<input type="checkbox"/> Final Leave Report Submitted*		Personnel Services Use Only	
NOTE: If AY appointment please select one option below:		Leave Balances	
<input type="checkbox"/> Receive lump sum payment and health insurance will end May 31 st .		_____ Annual _____ Date	
<input type="checkbox"/> Continue to receive summer earnings through August 9 th and continue health insurance through August 31 st .		_____ Sick _____ Date	
		_____ Compensatory _____ Date	
<input type="checkbox"/> Department Head recommends this employee be considered for re-employment in this department. <input type="checkbox"/> Department Head does not recommend this employee for re-employment in this department.			
Personnel Services will make the final determination on rehire eligibility of this employee at Virginia Tech.			
Authorized Departmental Signature _____			
Authorized Departmental Signature (Please Print) _____		Date _____	
*Managers should consider the impact of possible leave payments on the departmental budget.			
NOTE: PLEASE REVIEW INFORMATION ON PAGE 2 OF FORM			

Demographic Information –
Please fill this out completely.

Effective Date –
This is the last day that the employee worked in their current position. Human Resources should get this notice as soon as possible to avoid delays in separating the employee. Please include

Reasons for Separation –
Please see below for detailed information concerning

AY Separations –
If an AY employee separates at the end of the academic year they have the option of keeping their benefits through the end of August. If they choose to keep their benefits through August then the separation date should be 08/09. If they choose not to have benefits continue through August then the separation date should be 05/09 and they will receive a lump sum payment for their deferred pay.

Work Schedule –
If the employee's work schedule is other than M-F 8-5, not indicating it here will effect their pay.

Mailing Address –
Indicating a new address here ensures that future mailings (e.g. W-2s, Cobra Info) make it to the employee.

Retirement –
All separation notices indicating Retirement should be sent to Carolyn Pratt

Department Head Recommendation for re-employment –
Human Resources does maintain a list of all employees who are not recommended for re-employment.

Reasons for Separation

A. **Resignation** – Everything in this category indicates that it is the employee's choice for leaving employment, and the P4A should always be accompanied by the resignation letter.

1. **Better Job – Leaving State Employment** - This should be used if the employee indicates this as the reason on their resignation letter, even if they are also leaving the area.
2. **Resigned During Probationary Period** – This reason for separation exists mainly for Classified employees who resign during their probationary period and indicate no other reason for separation as is their right to do so.
3. **Leaving Area** – This should be used if the employee indicates this as the reason on their resignation letter. This is used very interchangeably with Better Job due to the fact that many people leave the area when a better job is found. Please use your best judgment when using these two options as we want to have exit data that is as accurate as possible.
4. **Family Responsibilities** – This is option is used when someone separates to take care of family due to birth, illness, or personal preferences.
5. **Education** – Use this option for an employee who separates to return to school to continue their formal education.
6. **Personal Reasons** – This is a catch-all category for an employee who does not wish to state their exact reason for separation.
7. **Ill Health** – This option should only be used in a situation where the employee resigns because their health does not allow them to maintain their current position.
8. **Death**
9. **Dissatisfied** – This option should be used when an employee resigns and indicates specific reasons why they found their job un-satisfactory. As it indicates an explanation must accompany the P4B.
10. **Military** – This option is used when an employee has received military orders to report to full-time duty, and as such will not be able to maintain their current position with Virginia Tech. As it indicates copies of the official military orders must accompany the P4B.
11. **Other** – This option should only be used when none of the other options explain the situation. There should be a detailed explanation accompanying the P4B.

B. **Transfer** – These are options that pertain to someone that is transferring to another position within the state or within the university.

1. **Classified to Faculty** – This should be used if an employee is transferring from a classified position to a faculty position in another organization It is the responsibility of the organization that the employee is leaving to complete the P4B. The new organization should complete the P3A and Terms of Faculty Offer letter that need to accompany the P4B.
2. **Faculty to Classified** – This should be used if an employee is transferring from a faculty position to a classified position in another organization. It is responsibility of the organization that the employee is leaving to complete the P4B. The new organization should complete the P3A that needs to accompany the P4B.
3. **Transfer to Other VT Department** – Use this option to show that the employee is leaving your organization to go to another organization. It is responsibility of the organization that the employee is leaving to complete the P4B. It is beneficial to the organization that is being left to fill this out as it can prompt Human Resources to follow-up and ensure that the transfer happens when planned.
4. **Transfer to Other Virginia State Agency** – Use this option to show that the employee is moving to another Virginia State Agency. If known please indicate

which agency. It is important to use this option if known to ensure that the employee's benefits and leave are handled correctly.

C. Classified Terminations – These are separation reasons that apply to classified employees only. A description of each is included, but should not be used for faculty.

1. **Completion of Restricted Appointment** – Use this option when the Classified Employee has reached the end of their restricted appointment.
2. **Separation/Layoff** – This option is used if the separation is due to an employer instigated separation.
3. **Unsatisfactory Performance During Probationary Period** – It is the discretion of Virginia Tech to separate someone during this probationary time period, and if this occurs this is the option to use.
4. **Disciplinary Action** – Use this option if the separation is due to a documented disciplinary action
5. **Expiration of Conditional Leave** –
6. **Performance Evaluation Process** –

D. Faculty Terminations – These are separation reasons that apply to faculty employees only.

1. **Completion of Restricted Appointment** – Use this option when the faculty employee has reached the end of their restricted appointment. This can be used at the end date on the Terms of Faculty Offer or when funding is no longer available.
2. **Did Not Receive Tenure** – Use this in the final year of employment following the faculty's tenure review year. It is indicated on all Tenure-Track Terms of Faculty Offers that a faculty must receive tenure by a specific date, or they will be separated the following academic year.
3. **Non-Reappointment** – This option is used primarily for A/P employees whose appointment calls for reappointment every duration of time, usually one year. This option can be used when the university does not wish to continue the appointment.
4. **Termination for Cause** – Use this option when the faculty is terminated for cause, a description of which can be found in the Faculty Handbook. There is a lengthy process involved for Terminating a Faculty for Cause, and there should be comments entered that show the process was followed.
5. **Position Abolish of A/P Faculty** – This option should be used when the position the faculty member is in is going to be abolished.
6. **ASO** – Special Retirement/ Severance pay option that must be approved by the EVP and Provost. The P4A is generated by Human Resources once all approvals have been obtained.

E. Retirement – This option can be used if the person has fulfilled the time requirements that lead up to retirement. All questions concerning retirement should be directed to Carolyn Pratt in Human Resources. P3Bs indicating this option should be sent to Carolyn's attention so she can begin the retirement process.

1. **Service Retirement** – This option is used for those people separating the university due to reaching the time requirements necessary to retire from State employment.
2. **Disability Retirement** – This option is used for people who have a disability that prevents them from performing their job. This option is determined by an outside company, and the P4A must be submitted by Human Resources Benefits Office.

P12B

Change of Name, Address or Social Security Number

PS Form P12B (Rev. 01/05)

Virginia Polytechnic Institute and State University
CHANGE OF NAME, ADDRESS OR SOCIAL SECURITY NUMBER

Employee's Type of Appointment: Salaried Wage Graduate Assistant

Change the Following: Name Address Employee ID Number

NOTE: This action will change only Personnel and Payroll Records (including health insurance and retirement records). Student records will NOT be changed.

Name: (current or new) (must be same as on social security card)	Social Security Number: (current or previous)						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Last</td> <td style="width: 33%; border: none;">First</td> <td style="width: 33%; border: none;">Middle Initial</td> </tr> </table>	Last	First	Middle Initial	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Last</td> <td style="width: 33%; border: none;">First</td> <td style="width: 33%; border: none;">Middle Initial</td> </tr> </table>	Last	First	Middle Initial
Last	First	Middle Initial					
Last	First	Middle Initial					
Previous Name:							
New Social Security Number: (only if changing)							
Mailing Address: (complete only if address is changing)							
(List phone numbers only if changing)							
Home (Permanent) Phone:							
Work Phone:							

I want my home address listed in the Virginia Tech Directory. Yes No

I want my home phone number listed in the Virginia Tech Directory Yes No

Instructions:

For Address Changes Entered by Department:

- The above changes may be entered directly into the BANNER system by employee's departmental representative (by accessing PWAEBIO screen).
- A copy of the completed form must be maintained by department for audit purposes.

For Name Changes and Social Security Number Changes Entered by Department:

- Social Security card must be provided to department representative before the change is made in order to enter the name and number as it appears on the Social Security Card.
- A copy of the Social Security card must be provided to Personnel Services along with a copy of this form in order to revise personnel files to reflect the change.

I wish to use this form to change the address for my savings bonds.
 (Send a copy of this form with original signature to Personnel Services.)

 Signature of Employee

 Date

Changes –
 Please only complete those items that have changed. It will expedite the process.

Directory Listings – If nothing is selected here, it will default to what is currently in Banner.

Social Security Card – Please note these instructions carefully. Any change of name or SS # must include a Social Security Card containing the requested information in order for the request to be processed.

P86

Request for Unpaid Faculty Affiliation with VT Academic Department

The P85 serves the same purpose but should only be used for research faculty.

Information – Please thoroughly complete all information, please do not abbreviate the Department Name. The home address must be completed even if they do not wish to have it entered in the Campus Directory.

Demographic Information – This needs to be entered, otherwise the record on Banner cannot be completed.

P-86 (Rev. 2/01)

Virginia Polytechnic Institute and State University
NON-STATE EMPLOYEE INFORMATION SHEET
P-86

Name _____

Social Security Number _____

Employee ID Number _____

Effective Date of Hire _____ Department Name _____

Department Address/Mail Code _____

Department Number _____ Office Phone _____

Home Address I do I do not wish to have my home address and phone number listed in the campus directory

_____ (Street)

_____ (City) _____ (State) _____ (Zip Code)

Home Phone _____

Birthdate _____ Gender _____ Ethnicity _____ Citizen Yes No

_____ Add

_____ Change (please check one)

_____ Drop

Department Head Approval (Signature) Date

Personnel Services Representative Date

*For I.D. card, please contact Hokie Passport Office.
For parking authorization, please contact Parking Services.*