

USC SOM HR Action Form

Action: _____ Date: _____ Faculty: Yes: _____ No: _____
 Name: Last: _____ First: _____ Middle: _____

Dept. Name: _____
 Dept. #: _____
 Title: _____
 Internal Title: _____
 Salary/Hourly Rate: _____ Position #: _____
 Salary Range: _____ Class: _____
 Fringe Cost: _____ Slot: _____
 Rate: _____ Pay Band: _____
 Appt. Period: _____
 Justification: _____

For Changes, if Applicable (ADR, PFP, Reclass and Promotion)	
Title:	
Internal Title:	
Salary/ Hourly Rate:	
% Increase:	
Effective Date:	
Class:	
Rate:	
Pay Band:	

Does recurring funding exist currently to support this position: Yes _____ No _____

What specific adjustments will be made in the future to enable this position to be sustained if resources levels further decline?

Accounts				
Department	Fund Code	Account	Class Field	Amount / Salary Range

Administrative Director / Business Manager _____ Chair / Department Head _____
 Associate Dean of Clinical Affairs, Chief Medical Officer _____ Associate Dean for Research & Graduate Studies _____

For Accounting Personnel Only Accounting Comments:

Grants Yes No
 Prisma Health Yes No
 Practice Plan Yes No
 A Funds Yes No

Office of the Dean - Comments: _____ Office of the Dean _____

Additional Information:

List of Attachments:

For HR Use Only: