## Personnel Action Form

Grants Fiscal Administration



O NEW	O CHANGE	UPDATE		Date:					
O FACILITY	O CANIF SEEMOE	O æ		O EXI	RA HELPF	H OGA	O STUDENT		
Action/Reason									
Effective Date:	Action	Reason Code:		-	Andrew Control of the Control				
05/16/2014	111	lew Hire				Add Additional Action/Reason			
Effective Date:	Action	Reason Code:			<u> </u>				
Personal Data									
Employee ID: (Lea	ve blank for new em		oloyee Name: (I odriguez,Maga		lame or Initi	al, Middle Name or	Initial)		
Job Data	170								
Position Number:	Job Co		oloyee Type:		11		Other)		
35996	500			) TEVPOR			102		
Appointment End Date:		Con	np Rate: (Hourly or Se	emi-Monthly	1)	Base Position Fund			
12/31/2014		\$5,	000.00			O YES	0.10		
Department:		Loca	ation:		Mail C	Drop: (If different	than Department)		
SA00000: Press	idents Office	▼ A	L 300: Altgalo	Hall 3	K 4				
Contract Data	7								
		Annual Contrac	nnual Contract Amount:		Contract	Intent to Rehire			
					onths:	OYES OND			
Contract Begin Date:	**	Contract End D	End Date:			If yes, for how many months:			
33.1.3.2.3.3.1.3.1.3.1.3.1.3.1.3.1.3.1.3			Account	1	(This is not a reemployment commitment.)				
Tenure Status	1								
Faculty Rank/Prefix:	O Ass	t Prof	O Assoc Rof	O Pr	of				
Tenure Start Date:			<b>0</b> 7000110		otal Years:	Tonus Elia	ibility Data:		
renure Start Date:	Tenure Dep	enure Department:				renure Elig	Tenure Eligibility Date:		
Years experience at rar	nk of instructor or abo	ove in higher edu	cation at NIU:			At other ins	titutions:		
Comments	7			8 <del>-1</del> 1155/00					
Fund Advisor	Date >//////	College/Divis	sion	Dat 	e /////				
Department / t/	Date	Office of the	Provost / Vice Preside	ent Dat	e Gradu	ate School	Date		

President / HRS

Date

## Personnel Action Form



O NEW	O CHANGE/UPDATE						Date:				
O FACULTY	O CIVIL SE	RVICE	Os	PS	⊚ AFFILIA	TE OF	EXTRA H	ELP/PH	O GA	O ST	UDENT
Action/Reason	1										
Effective Date:		Action/Reason Code:									
01/01/2015	REP-Rear				pointment			▼	Add Additional Action/Reason Line(s)		
Effective Date:		Action/R	eason Co	ode:							aon Line(s)
								₹			
	7										
Personal Data Employee ID: (Leave	blook for			Caroli	was Names	(look Sie	nt Marra	ar Initial	Middle Blome	or Initial	
Employee ID: (Leave blank for new employee)				Employee Name: (Last, First Name or Initial, Middle Name or Initial)							
				Rodriguez, Magaly							
Job Data											
Position Number:	-	Job Cod	e:	Emplo	уее Туре:	Marie Victoria de Caración de la Caración de Caración	***	F	re:	(Other)	
35996		500		⊚ RE	EGULAR	O TEMP	ORARY	I	100% -		_
Appointment End Date:				Comp	Comp Rate: (Hourly or Semi-Monthly)			8	Base Position Funding Change:		
01/31/2015				\$5,000.00					OYES ONO		
Department:				Location: Mail Dro				Prop: (If different than Department)			
\$A00000: Presidents Office -					AL 300: Altgeld Hall 30						4
	7										
Contract Data	<u> </u>						10				
Contract Amount: An		Annual Co	nnual Contract Amount:			Contrac		Intent to Rehire			
						1.	O YES O NO				
Contract Begin Date: Contract I			End Date:			The second secon	If yes, for how many months: (This is not a reemployment comm				
		1	18		<b>***</b>		<u> </u>		100 101 101 0 100	myrojinom c	Onniminary)
Tenure Status											
Faculty Rank/Prefix:	4	O Asst	Prof	C	Assoc Prof	0	Prof				
Tenure Start Date: Tenure Department:						Total Y	Total Years:		Tenure Eligibility Date:		
Years experience at rank	of instructo	r or abov	in highe	r educa	ation at NIU:				At other	institutions:	
Comments	1										
Commence	<u></u>	10 7 11 10 10 10 10 10 10 10 10 10 10 10 10									
Fund Advisor		Date	College	/Divisio	n		Date				
	- 1					1					
Department		Date	Office of	f the Pro	ovost / Vice Pr	esident	Date	Gradua	ite School		Date
									,,,,,,,,,,,,,,,,,,,,,,,	***************************************	
Grants Fiscal Administration	on .	Date	Preside	nt / HR			Date				
						12	18/14				