



Personnel Action Form

NAME: _____
Last First Middle

ADDRESS: _____
Street City State Zip

PHONE: _____ **DOB:** _____ **EMAIL:** _____

PERSONNEL ACTION:

JOB TITLE: _____

STATUS: ☐ New Hire ☐ Job Transfer ☐ Other **EFFECTIVE DATE:** _____

TYPE OF EMPLOYMENT: ☐ Full-Time w/Benefits ☐ Part-Time – **NOT TO EXCEED** 14 hrs if no full-time equivalent position; 17 hrs of 35 hr standard workweek; 19 hrs of 40 hr standard workweek; and 9 classroom hours for adjunct faculty.
☐ Exempt ☐ Non-Exempt **35/40 HOURS PER WEEK:** _____

BENEFITS: ☐ Temporary w/Benefits ☐ Temporary – No Benefits

CLASSIFICATION: ☐ Administrator ☐ Faculty ☐ Support Staff ☐ Professional Staff
☐ Other Staff ☐ Adjunct ☐ Work-Study Student ☐ Other _____

COMPENSATION (ALL EMPLOYEES)

BUDGETING INFORMATION: ☐ New Position ☐ Replacing

SAL/HRLY _____ **LEVEL:** _____ **STEP:** _____ **Acct #::** _____

SUPPLEMENT: _____ **FOR:** _____ **Acct #::** _____

SUPPLEMENT: _____ **FOR:** _____ **Acct #::** _____

SUPPLEMENT: _____ **FOR:** _____ **Acct #::** _____

TOTAL: _____ *Amount may be prorated pursuant to policy DJA(LOCAL).

FULL-TIME CONTRACTUAL INFORMATION ONLY

FIRST CONTRACT: Start Date: _____ End Date: _____ **FOR:** _____ Months at _____ %.

DEGREE: ☐ Doctoral ☐ Master's ☐ Bachelor's ☐ Associate Discipline: _____

Post Graduate Hours: _____ Years of Experience: _____

CHANGE IN STATUS/PAY:

RATE CHANGE: _____ **DEPT OR TITLE CHANGE:** _____

REASON FOR CHANGE: _____

REQUIRED SIGNATURES:

Department Head *Date*

Executive Administrator *Date*

Human Resources or Designee *Date*

INSTRUCTIONAL ONLY: _____ **FULL-TIME EMPLOYEES ONLY:** _____

SACSCOC Compliance Officer *Date*

Grayson College President *Date*