



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