

THIS FORM NOT TO BE USED FOR CCP STUDENT EMPLOYMENT

ACTION	<input type="checkbox"/> HIRE	<input type="checkbox"/> PROMOTION	<input type="checkbox"/> TRANSFER	<input type="checkbox"/> DEMOTION	<input type="checkbox"/> TERMINATION
	<input type="checkbox"/> SALARY CHG	<input type="checkbox"/> NAME CHANGE	<input type="checkbox"/> REHIRE	<input type="checkbox"/> LEAVE	
	<input type="checkbox"/> PERSONAL CHANGE	<input type="checkbox"/> DEPT. HEAD APPT.	<input type="checkbox"/> REINSTATE	<input type="checkbox"/> RETURN FROM LEAVE	<input type="checkbox"/> OTHER

1	NAME (Last, First, M)		Employee J number	EFFECTIVE DATE	EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
	COST CENTER – FUND – ORG – ACCOUNT			HOME DEPARTMENT NAME	
	PRIMARY EMPLOYMENT CLASS				

<input type="checkbox"/> Librarian/Counselor	<input type="checkbox"/> FT Administrator	<input type="checkbox"/> Temp. Classified	<input type="checkbox"/> Athletic Coach
<input type="checkbox"/> FT Faculty Rank 5-8	<input type="checkbox"/> Temp Administrator	<input type="checkbox"/> PT Laboratory Spec.	<input type="checkbox"/> Arts Coach
<input type="checkbox"/> FT Faculty Aid A&B	<input type="checkbox"/> PT Administrator	<input type="checkbox"/> Disability Aide	<input type="checkbox"/> Student ACT. Advisor
<input type="checkbox"/> Visiting Lecturer	<input type="checkbox"/> FT Classified	<input type="checkbox"/> PT Librarian/Counselor	<input type="checkbox"/> Other
<input type="checkbox"/> PT Faculty	<input type="checkbox"/> PT Classified	<input type="checkbox"/> Tutor	

2	PERMANENT ADDRESS (STREET)		PAYCHECK & W-2 ADDRESS (STREET) (FILL IN ONLY IF DIFFERENT FROM ADDRESS AT LEFT)		
	CITY	STATE	ZIP	CITY	STATE
	HOME PHONE () -		BUSINESS PHONE () -		PAYCHECK DISTRIBUTION SITE <input type="checkbox"/>
	SEX <input type="checkbox"/> MALE (M) <input type="checkbox"/> FEMALE (F)		<input type="checkbox"/> AMER. IND/ALASKAN NATIVE <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> HISPANIC		
	SPOUSE'S NAME				

3	▼ HIGHEST DEGREE ATTAINED ▼				PERSONNEL OFFICE USE ONLY	
	PROVIDE DETAIL OF EDUCATION IN EDUCATION BLOCK					
	<input type="checkbox"/> ASSOCIATE <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS <input type="checkbox"/> FIRST PROFESSIONAL <input type="checkbox"/> ABD <input type="checkbox"/> DOCTORATE				UNIT CLASSIFICATION	
	JOB TITLE				RANK/GRADE	
	SUBJECTS TAUGHT (INCLUDE COURSES & SECTIONS)		# SECTIONS	CLASS HRS.	LAB HRS.	CLINICAL HRS.

SALARY OR HOURLY RATE RATE OF HOURLY PAY RATE \$ _____ TIME SHEETS TO BE SUBMITTED FOR PAYMENT OR BASE RATE/ANNUALIZED SALARY \$ _____ PAYMENT METHOD <input type="checkbox"/> REGULAR PAY PERIOD <input type="checkbox"/> ONE TIME ONLY <input type="checkbox"/> OTHER (Explain in Remarks)	PERIOD OF APPOINTMENT		PAYROLL USE ONLY				
	FROM	TO	FUND	CAMP	PROJECT	DEPT.	OBJECT
			ACAD. YR <input type="checkbox"/> 12 MOS. <input type="checkbox"/>		▼ BASIS FOR PAYMENT ▼		
			<input type="checkbox"/> EXT. TIME #HRS. _____	<input type="checkbox"/> FALL	<input type="checkbox"/> DEPT. HEAD		

<input type="checkbox"/> ANNUAL BASE SALARY <input type="checkbox"/> CURR. ADVISING		<input type="checkbox"/> SPRING	<input type="checkbox"/> ABD/DOCTORATE	
<input type="checkbox"/> OVERLOAD FALL <input type="checkbox"/> OVERLOAD SPRING		<input type="checkbox"/> SUMMER I	<input type="checkbox"/> OTHER (Explain in Remarks)	
TOT. HRS. ASSIGNED _____ OVERLOAD HRS. _____		<input type="checkbox"/> SUMMER II		

4	LEAVE INFORMATION		5	TERMINATION	
	<input type="checkbox"/> EMERGENCY <input type="checkbox"/> UNPAID LEAVE OF ABSENCE <input type="checkbox"/> MATERNITY <input type="checkbox"/> SICK LEAVE FROM → TO →	<input type="checkbox"/> MILITARY <input type="checkbox"/> SABBATICAL <input type="checkbox"/> LAYOFF <input type="checkbox"/> OTHER (Explain in Remarks)		WOULD YOU REHIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO EXPLAIN IN REMARKS	<input type="checkbox"/> RESIGNATION <input type="checkbox"/> DISCHARGE <input type="checkbox"/> END CONTRACT PERIOD

EDU	DEGREE(S)	WHERE	DISCIPLINE	PAYROLL COMMENTS; BUSINESS OFFICE USE ONLY
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REMARKS	
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APPROVAL	APPROVED BY	DATE	SENIOR OFFICER	DATE
	APPROVED BY	DATE	PERSONNEL OFFICER	DATE
	APPROVED BY	DATE	PRESIDENT	DATE