

PART-TIME PERSONNEL ACTION FORM

**COLLEGE ASSISTANT, TUTOR, MENTOR, NURSE, SIGN LANGUAGE INTERPRETER, DISABILITY ACCOMMODATIONS
SPECIALIST, IT TECHNICAL TITLES, CUSTODIAL ASSISTANT, CAMPUS SECURITY ASSISTANT**

Name: _____ SS#: _____
(last 4 digits)

Home Address: _____
(Address, City, State and Zip)

Contact #: _____ Email Address: _____

Appointment
 Re-Appointment
 Revision
 Separation

CURRENT	PROPOSED
Title: _____	Title: _____
Department/Program: _____	Department/Program: _____
Funding Source: _____	Funding Source: _____
Cost Center: _____	Cost Center: _____
Supervisor: _____ ext. _____	Supervisor: _____ ext. _____
Rate/HR \$ _____ **Note	Rate/HR \$ _____ **Note
Appointment Start Date: _____	Appointment Start Date: _____
Appointment End Date: _____	Appointment End Date: _____
Total # hrs appointed: _____	Total # hrs appointed: _____

Complete this section if no longer employed

Non-Reappointment
 Resignation*
 Termination*
 Retired

*Last Date Worked: _____

*Reason: _____

APPROVALS:

Supervisor's Signature	Date
Chairperson's/Department Head Signature	Date
Dean's Signature	Date
Vice President's/Sr. VP's/Provost's Signature	Date
Budget Office Signature	Date
HR Director Signature	Date

ACCEPTED:

Employee Signature	Date
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****Note:**
 Appointments are subject to financial ability and department scheduling needs. The other terms and conditions of employment are those in the collective bargaining agreement existing in the University and the rules, regulations and policies promulgated by the College and University. Termination will be automatic at the end of the appointment period or when allotted work hours are exhausted. Under no circumstances may a part-time classified employee work beyond their allotted work hours. For College Assistant appointments, maximum work hours may not exceed 1,040 hours. If College Assistant pay rate exceeds \$15.00/hr, a justification letter must be submitted to Human Resources with this form.

For HR use

Student Status: FT PT _____ Semester CSI Student Yes No
 Fingerprint Fee date: _____ Filing Fee date: _____ EMPL ID: _____

For Budget use

FIS Dept # _____ FIS Position # _____ Payserv # _____