

PERSONNEL ACTION FORM
Randolph College

Effective Date

Print out and complete or use the tab key to move to the next field in the form. After completing, print out, sign, date, and send to Human Resources. Complete only the sections that apply.

Name:		Social Security No. - -	
New or Change:	From <i>This does not apply to new employee.</i>	To	
Department			
Position Title			
Position Status	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	
Work Schedule	# of weeks/year Hours/Week	# of weeks/year Hours/Week	
Pay Rate	<input type="checkbox"/> Hourly \$ <input type="checkbox"/> Annual Salary \$	<input type="checkbox"/> Hourly \$ <input type="checkbox"/> Annual Salary \$	
Pay Grade			

Reason For Change

- | | | |
|----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Hired | <input type="checkbox"/> Promotion | <input type="checkbox"/> Resignation <i>(attach resignation letter)</i> |
| <input type="checkbox"/> Rehired | <input type="checkbox"/> Transfer | <input type="checkbox"/> Retirement |
| | <input type="checkbox"/> Other | <input type="checkbox"/> Discharge |

Comments:

Last Day Worked:

For HR/Payroll Use Only

- | | | |
|--|--|---|
| Payroll Deductions: <input type="checkbox"/> Health | <input type="checkbox"/> Optional life or AD&D | <input type="checkbox"/> Attendance Plan (updated or N/A) |
| <input type="checkbox"/> FLEX | <input type="checkbox"/> SRA or other | <input type="checkbox"/> Pension On/Off |
| Insurance Plans: <input type="checkbox"/> Health Ins. | <input type="checkbox"/> Life Ins. Web | <input type="checkbox"/> Online Directory |

SIGNATURE APPROVALS:

Requested by: _____ Date: _____

Senior Staff Member: _____ Date: _____

V.P. for Finance & Adm.: _____ Date: _____

President: _____ Date: _____

