

**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.*

<b>Name:</b>				<b>Emp. ID:</b>		
<b>New/Change</b>	<b>From</b> <i>This does not apply to a new employee.</i>		<b>To</b>			
<b>Department</b>						
<b>Position Title</b>						
<b>Position Status</b>	<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
<b>Work Schedule</b>	<b># of weeks/year</b>	<b>Hours/Week</b>	<b># of weeks/year</b>	<b>Hours/Week</b>		
<b>Pay Rate</b>	<input type="checkbox"/> Hourly	\$	<input type="checkbox"/> Hourly	\$		
	<input type="checkbox"/> Annual Salary	\$	<input type="checkbox"/> Annual Salary	\$	<b>Pay Grade:</b>	

**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**

- |                            |                                      |                                                |                                                           |
|----------------------------|--------------------------------------|------------------------------------------------|-----------------------------------------------------------|
| <b>Payroll Deductions:</b> | <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                   |
|                            | <input type="checkbox"/> Dental Ins. |                                                | <input type="checkbox"/> LTD Eligibility Yes/No           |
| <b>Insurance Plans:</b>    | <input type="checkbox"/> Health Ins. | <input type="checkbox"/> Life Ins. Web         | <input type="checkbox"/> IPED Code                        |
|                            | <input type="checkbox"/> Dental Ins. |                                                | <input type="checkbox"/> Online Directory                 |

**SIGNATURE APPROVALS:**

**Reviewed by HR:** \_\_\_\_\_ *(initial and date)*

**Requested by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Senior Staff Member:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**VP for Finance & Adm:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**President:** \_\_\_\_\_

**Date:** \_\_\_\_\_