PERSONNEL ACTION FORM
Randolph College

Employee Name: ___________________________ Employee ID: __________

Reason For Change:

☐ Hired or ☐ Rehired Effective date: __________

☐ Promotion Effective date: __________

Separation: ☐ Resignation (attach resignation letter)
☐ Retirement Last day worked: __________
☐ Discharge Last day paid: __________

☐ Other Effective date: __________

Comments: ____________________________________________________________

Position Status:

☐ Full-Time (Must work 2080 hours annually)

☐ Part-Time _______ # of weeks per year _______ # of hours per week _______ Total hours annually

☐ Temporary Schedule: ____________ to ____________

<table>
<thead>
<tr>
<th>Old (use this section for changes)</th>
<th>New (use this section for new hires)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td></td>
</tr>
<tr>
<td>Department</td>
<td></td>
</tr>
<tr>
<td>Annual Salary (Exempt, no overtime)</td>
<td></td>
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<tr>
<td>Hourly Rate</td>
<td></td>
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</tbody>
</table>

Requested by: ___________________________ Date: __________

Senior Staff Member: ___________________________ Date: __________

Director of Human Resources: ___________________________ Date: __________

President: ___________________________ Date: __________

HR Use Only:
IPED code: __________
Insurance premium affected yes –no (circle one)
Update org chart: ______

Personnel Action Form
Revised 11/3/2017