

FORT BERTHOLD COMMUNITY COLLEGE

Personnel Action Form

NAME _____ SEX M F DATE OF HIRE _____ DATED _____
 ADDRESS _____ SOC. SEC. NO. _____ EMPLOYEE NO. _____
 CITY _____ HOME PHONE NO. (____) _____

DEPARTMENT _____ JOB TITLE _____
 HOURLY **PRESENT**
 SALARY **RATE** _____ / _____

TYPE OF CHANGE	CHANGED TO
<input type="checkbox"/> NEW HIRE <input type="checkbox"/> RESIGNATION <input type="checkbox"/> RATE CHANGE <input type="checkbox"/> REHIRE <input type="checkbox"/> DISCHARGE <input type="checkbox"/> JOB CHANGE <input type="checkbox"/> TEMP HIRE <input type="checkbox"/> RETIREMENT <input type="checkbox"/> DEPT. CHANGE <input type="checkbox"/> BONUS/MERIT <input type="checkbox"/> TRANSFERS <input type="checkbox"/> LAY OFF <input type="checkbox"/> CONTRACT/ RENEWAL <input type="checkbox"/> GRANT WRITING INCENTIVE <input type="checkbox"/> ANNUAL PAY/ COLA INCREASE <input type="checkbox"/> RETURN FROM LEAVE <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/> PROBATIONARY PERIOD ENDED <input type="checkbox"/> SUPPLEMENT <input type="checkbox"/> DEMOTION <input type="checkbox"/> CLASS OVERLOAD <input type="checkbox"/> OTHER _____	<input type="checkbox"/> WAGE RATE _____ /HR/CR <input type="checkbox"/> SALARY ANNUAL RATE _____ <input type="checkbox"/> HOURLY #HOURS TO WORK _____ JOB TITLE _____ JOB DURATION From _____ To _____ STATUS <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt DEPARTMENT FUND CODE _____ ALL NEW EMPLOYEES MUST FILE A SALARY LEVEL PLACEMENT FORM NOTES _____
EFFECTIVE DATE _____ / _____ / _____ Must be completely filled out	

TYPE OF CHANGE-BENEFITS/DEDUCTIONS	CHANGED TO
<input type="checkbox"/> RETIREMENT <input type="checkbox"/> LIFE INS. <input type="checkbox"/> HOUSING/RENT <input type="checkbox"/> BC/BS <input type="checkbox"/> TRAVEL ADV <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> AFLAC <input type="checkbox"/> EARLY PAY <input type="checkbox"/> BOOKSTORE <input type="checkbox"/> KEMPER LOAN <input type="checkbox"/> SMALL LOAN <input type="checkbox"/> P/R DEDUCTION FEE <input type="checkbox"/> OTHER _____	<input type="checkbox"/> Benefit From _____ To _____ <input type="checkbox"/> Deduction From _____ To _____ Weekly Rate 52/ _____ Bi-Weekly Rate 26/ _____ Monthly Rate 12/ _____ Other (explain) _____ _____ _____
EFFECTIVE DATE _____ / _____ / _____	

CALCULATION CHANGES/REMARKS _____

DISTRIBUTION INFORMATION - Note if you have more than one item below filled out, you must file an **ACTIVITY REPORT** to support hours.

From	To	Fund	Fund Description	Pay Rate	Distribution%	Regular	Supplemental	Contact/Semester/Working Hours

NOTE: To be filled out during Resignation/Termination/Discharge/ETC.

BOOKSTORE CLEARED <input type="checkbox"/> BY _____	KEYS TURNED IN <input type="checkbox"/> BY _____
TRAVEL ADVANCE PAID <input type="checkbox"/> BY _____	LAPTOP TURNED IN <input type="checkbox"/> BY _____
LOANS & A/R PAID <input type="checkbox"/> BY _____	PASS WORDS CHANGED <input type="checkbox"/> BY _____
ELIGIBLE FOR REHIRE <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER _____ <input type="checkbox"/> BY _____

AUTHORIZATION (MUST BE COMPLETELY FILLED OUT):

EMPLOYEE _____	DATE _____ / _____ / _____
SUPERVISOR _____	DATE _____ / _____ / _____
PROG DIRECTOR _____	DATE _____ / _____ / _____
PRESIDENT _____	DATE _____ / _____ / _____
BUS. MANAGER _____	DATE _____ / _____ / _____

NOTE: This form must be filed before payroll is processed to assure that all information is entered into the computer. ***** FOR PAYROLL PURPOSES ONLY****
 Information Entered in Computer by _____ Date _____