

PERSONNEL TRANSACTION FORM

THIS DOCUMENT DOES NOT CONSTITUTE AN OFFER OF EMPLOYMENT UNTIL ALL APPROVALS HAVE BEEN INDICATED BELOW

EMPLOYEE INFORMATION

SSN: _____ Birth Date: _____ US Citizen: Yes No

Last Name: _____ First Name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Employing Department: _____

Effective Date: _____ Contract Ending Date: _____

Replacement for: _____ Previously Employed w/SJC Yes No Last Date Worked: _____

Supervisor/Division Director Signature: _____ Date: _____

PART-TIME FACULTY INFORMATION

COURSES TO BE TAUGHT	CREDIT HOURS	DAY	TIME	START DATE	END DATE	OFF CAMPUS
_____	_____	_____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	_____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No

TOTAL CREDIT HOURS

Exempt		Non-Exempt				Other	
<input type="checkbox"/> Administrative	<input type="checkbox"/> Faculty	<input type="checkbox"/> Support Staff				<input type="checkbox"/> Regular	<input type="checkbox"/> Emergency
<input type="checkbox"/> Professional	<input type="checkbox"/> CLC Instructor	Grade: _____	_____	Step: _____	_____	<input type="checkbox"/> Temporary	<input type="checkbox"/> On Call
<input type="checkbox"/> Contract Training		<input type="checkbox"/> Student Worker	<input type="checkbox"/> Work Study Eligible		<input type="checkbox"/> Grant Funded	<input type="checkbox"/> Retired	
Hourly		Salary				Deductions	
Hourly Rate	_____	Annual	_____			<input type="checkbox"/> ERA	
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	Contract Total	_____			<input type="checkbox"/> OASDI	
Hours per week	_____	No. of Checks	_____			<input type="checkbox"/> Medicare	
		Semi-monthly	_____			<input type="checkbox"/> Insurance Benefits	

Department Name _____ Account Number _____ Amount _____ % _____

SIGNATURES

1) AVP Human Resources	_____	Date	_____	4) Vice President for Business Services	_____	Date	_____
2) Vice President/Department	_____	Date	_____	5) President	_____	Date	_____
3) Grant Manager or Financial Aid Office	_____	Date	_____	6) Employee	_____	Date	_____