

PERSONNEL ACTION FORM

Randolph College

Employee Name: _____ Employee ID: _____

Reason For Change:

- Hired
- Rehired
- Promotion
- Resignation *(Attach resignation letter)*
- Retirement
- Discharge
- Other

Begin date: _____
 Return date: _____
 Effective date: _____
 Last day worked: _____
 Last day worked: _____
 Last day worked: _____
 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 _____ IPED Code _____

	From <i>(use this section for changes)</i>	To <i>(use this section for new hires)</i>
Title		
Department		
Annual Salary <i>(Exempt, no overtime)</i>		
Hourly Rate		<i>HR: Is insurance premium affected?</i>

Requested by: _____ Date: _____
 Senior Staff Member: _____ Date: _____
 Director of Human Resources: _____ Date: _____
 President: _____ Date: _____