

# CLASSIFIED PERSONNEL ACTION FORM

*PART I: This section to be completed for all Personnel Actions:*

SKYLINE	CSM	CAÑADA	CHANC OFC	Today's Date:
G# (Do not use SSN)	Last Name		First Name	MI
Position/Suffix	Position Title		Organization #	Organization Title
Is this position classified as instructional, therefore subject to the 50% Law?		YES	NO	

*PART II: Check below and complete the appropriate information pertaining to:*

NEW EMPLOYMENT	REASSIGNMENT	RE-EMPLOYMENT	TRANSFER	LABOR DISTRIBUTION
OTHER (Reason):				

Salary Schedule	Range	Step	Percent of Full-Time	Effective Date
Name of Previous Incumbent (if applicable)		List months not worked if less than 12 months a year		
<u>Start Time</u>	<u>Lunch/Dinner</u>	<u>End Time</u>	<u>Total Hours</u>	
Monday	to			List Working Hours if other than Monday through Friday, 8AM to 4:30 PM
Tuesday	to			
Wednesday	to			
Thursday	to			
Friday	to			
Saturday	to			
Sunday	to			
				Department Required
				Voluntary Schedule Change

<u>Fund</u>	<u>Orgn</u>	<u>Acct</u>	<u>Prog</u>	<u>Pct</u>	<u>Grant Fund Name</u>	<u>Initial</u>	<u>Grant Expir. Date</u>
<b>TOTAL</b>				(Must be 100%)			

*PART III: Check below and complete the appropriate information pertaining to:*

RESIGNATION	RETIREMENT	TERMINATION – DISMISSAL	TERMINATION - LAYOFF
Last Working Day:	Last Paid Date:		

*PART IV: Check below and complete the appropriate information pertaining to Leaves (over 30 days requires Board Approval) for leaves without pay:*

LONG-TERM ILLNESS:	PREGNANCY DISABILITY	PERSONAL BUSINESS
DETAIL- Replaced Name:	Position#/Title:	
Absence Due To:	#Days on Detail Assignment:	
Detail Dates:		
OTHER (Explain):		

Org. Administrator Signature/Department Designee	VPI/VPSS/Designee
Chancellor / College President	Budget Officer (VPAS, CBO or Designee)

# CLASSIFIED PERSONNEL ACTION FORM

## GUIDELINES FOR COMPLETION

(All information must be legible)

**PART I: identifies the person for whom the personnel action is being processed. When moving from one position to another, the new position should be entered in this section.**

- ◆ POSITION/SUFFIX: using Position Control Worksheets, enter the position number; "00" is the suffix number for all positions except detail. The suffix for detail action is "D0".
- ◆ POSITION TITLE: enter the title of the position, the organization #, and organization title.

**PART II: identifies the personnel action for new and continuing employees.**

*(Use PART III for actions related to employees who are terminating employment.)*

- ◆ NEW EMPLOYMENT: to initiate employment in a regular classified position.
- ◆ REASSIGNMENT: to move regular classified employees from one job title to another within the same site.
- ◆ RE-EMPLOYMENT: to initiate re-employment for a person who has been on the 39-month Priority Re-employment List.
- ◆ TRANSFER: to move regular classified employees from one site to another.
- ◆ LABOR DISTRIBUTION CHANGE: to indicate the account number(s) to be charged for this position. Type specific number(s) in the space provided at the bottom of PART II.
- ◆ OTHER CHANGE: to initiate and describe other actions for continuing employees other than those listed above.
- ◆ EFFECTIVE DATE: to indicate the start date of this action.  
If the workweek is OTHER THAN Monday through Friday 8:00 a.m. to 4:30 p.m., please type it in the spaces provided.
- ◆ FUND / ORGANIZATION / ACCOUNT / PROGRAM / PERCENTAGE: indicates the budget accounts to be charged for this salary and the percentage of the salary expense for each account. If external funds will pay for the salary, the title of the grant and its expiration date need to be entered here also. In all cases, 100% of the annual salary must be accounted for.
- ◆ **For Restricted Funds Only**  
Initial: Initial of the Fund/Grant Director

**PART III: initiates the termination of employment of a regular classified employee.**

- ◆ RESIGNATION: indicates that the employee has voluntarily resigned. **Attach the employee and supervisor's statement form.**
- ◆ RETIREMENT: indicates that the employee is retiring. **Employee and STRS or PERS form should accompany this document.**
- ◆ TERMINATION-DISMISSAL: indicates that the employee has been involuntarily terminated from District employment.
- ◆ TERMINATION-LAYOFF: indicates that the employee is being laid-off due to lack of work or lack of funds.
- ◆ LAST WORKING DAY: enter the date of the employee's last day present on the job.
- ◆ LAST PAID DAY: (Human Resources will enter date.) This date may be different from the last working day if the employee will receive vacation pay or other pay due.

**PART IV: indicates personnel actions that involve temporary absences of 30 or more calendar days.**

- ◆ LONG-TERM ILLNESS: indicates that the employee is absent due to illness.  
If the illness is work-related, type "Yes" in spaces provided.
- ◆ PREGNANCY DISABILITY: indicates a maternity-related absence.
- ◆ PERSONAL BUSINESS: indicates an approved absence requested by the employee.
- ◆ DETAIL: indicates a detail assignment. Type the name of person being replaced, the title of that position, the Banner position number for that position, the reason replacement is needed and the dates and total days of the detail assignment.
- ◆ OTHER: indicates here other temporary changes not listed above.

### **Approval**

- ◆ All PAFs: Name of immediate supervisor must be entered. This person evaluates employee.
- ◆ All PAFs: Require signatures of Org Administrator and the Budget Officer (VPAS, CBO, Designee).
- ◆ New Hire PAFs: Also requires the signature of the College President.



## ACADEMIC/ADMINISTRATOR PERSONNEL ACTION FORM

PART I: This section to be completed for all Personnel Actions:

SKYLINE	CSM	CAÑADA	CHANC OFC	Today's Date:
G# (Do not use SSN)	Last Name		First Name	MI
Position/Suffix	Position Title		Organization #	Organization Title
Status:	TEMPORARY	CONTRACT I	CONTRACT II	CONTRACT III
	REGULAR	ACADEMIC SUPERVISOR	ADMINISTRATOR	CONTRACT IV
Is this position classified as instructional, therefore subject to the 50% Law?	YES	NO		

YES PART II: Check below and complete the appropriate information pertaining to:

NEW EMPLOYMENT	REASSIGNMENT	RE-EMPLOYMENT	TRANSFER
INCREASE	DECREASE	LABOR DISTRIBUTION	LEAVE REPLACEMENT
ASSIGNMENT	ASSIGNMENT	CHANGE	(Replacing:)
OTHER CHANGE (Reason)			

EFFECTIVE DATE:

Salary Schedule	Grade/Range	Step	Percent of Full-Time
	Fall Semester	Spring Semester	
	From: Units	From: Units	Units
	To: Units	To: Units	Units
Fund	Orgn	Acct	Prog
	Pct	Grant Fund Name	FOR RESTRICTED FUNDS ONLY
		Initial	Grant Expir. Date

**TOTAL** (Must be 100%)

PART III: Check below and complete the appropriate information pertaining to:

RESIGNATION	RETIREMENT	TERMINATION – DISMISSAL	TERMINATION - LAYOFF
Last Working Day:		Last Paid Day:	

PART IV: Check below and complete the appropriate information pertaining to Leaves (over 30 days requires Board Approval):

LONG-TERM ILLNESS (Work-Related)	PREGNANCY DISABILITY	PERSONAL BUSINESS
OTHER (Explain:		

APPROVALS:

Org. Administrator Signature/Department Designee

VPI / VPSS / Designee

Chancellor / College President

Budget Officer (VPAS, CBO or Designee)

**ACADEMIC/ ADMINISTRATOR PERSONNEL ACTION FORM**  
**GUIDELINES FOR COMPLETION**  
(All information must be legible)

***PART I: identifies the person for whom the personnel action is being processed. When moving from one position to another, the new position should be entered in this section.***

- ◆ POSITION/SUFFIX: using Position Control Worksheets, type the position number; "00" is the suffix number for all positions except detail.
- ◆ POSITION TITLE: type the title of the current position, the organization # and title
- ◆ STATUS: use this space to indicate employment category:
  - TEMPORARY: applies to externally funded positions
  - CONTRACT I-IV: internally funded position, new employee
  - REGULAR: faculty who have gained tenure
  - ACADEMIC SUPERVISOR: regular employee
  - ADMINISTRATOR: regular employee

***PART II: identifies the personnel action for new and continuing employees.***

*(Use PART III for actions related to employees who are terminating employment.)*

- ◆ INCREASE/DECREASE IN ASSIGNMENT: to indicate that the employee's basic work assignment has changed. The employee's written request for the change must be attached.
- ◆ LABOR DISTRIBUTION CHANGE: to indicate the account number(s) to be charged for this position. Type specific number(s) in the space provided at the bottom of PART II.
- ◆ LEAVE REPLACEMENT: to indicate replacement of another employee who is absent due to illness or such other reason as approved by the Board of Trustees.
- ◆ OTHER CHANGE: to initiate and describe other actions for continuing employees other than those listed above.
- ◆ EFFECTIVE DATE: to indicate the start date of this action.
- ◆ FUND/ORGANIZATION/ACCOUNT/PROGRAM/PERCENTAGE: indicates the budget accounts to be charged for this salary and the percentage of the salary expense for each account. If external funds will pay for the salary, the title of the grant and its expiration date need to be typed here also. In all cases, 100% of the annual salary must be accounted for.
- ◆ **For Restricted Funds Only**  
Initial: Initial of the Fund/Grant Director

***PART III: initiates the termination of employment of an academic or management employee.***

- ◆ RESIGNATION: indicates that the employee has voluntarily resigned. Employee/Employer District resignation forms should accompany this document.
- ◆ RETIREMENT: indicates that the employee is retiring. Attach the employee's letter and/or completed retirement forms.
- ◆ TERMINATION-DISMISSAL: indicates that the employee has been involuntarily terminated from District employment.
- ◆ TERMINATION-LAYOFF: indicates that the employee is being laid-off due to lack of work or lack of funds.
- ◆ LAST WORKING DAY: type the date of the employee's last day present on the job.
- ◆ LAST PAID DAY: (Human Resources will enter date.) This date may be different from the last working day if the employee will receive vacation pay or other pay due.

***PART IV: indicates personnel actions that involve temporary absences of 30 or more calendar days***

- ◆ LONG-TERM ILLNESS: indicates that the employee is absent due to illness. If the illness is work-related, type "Yes" in spaces provided. Workers' Comp forms should accompany this document.
- ◆ PREGNANCY DISABILITY: indicates a maternity-related absence.
- ◆ PERSONAL BUSINESS: indicates an approved absence requested by the employee.
- ◆ OTHER: indicates other temporary changes not listed above

***PERSONNEL ACTION FORM (PAF)***

- ◆ All PAFs: Name of immediate supervisor must be entered. This person evaluates employee.
- ◆ All PAFs: Require signatures of Org Administrator and the Budget Officer (VPAS, CBO, Designee).
- ◆ New Hire PAFs: Also requires the signature of the College President.

**\*\*Note:\*\*** This PAF is only for short-term employees on salary schedules 35, 40, and 50. For schedules 60 or 70, please use our ePAF system.

## SHORT TEMPORARY/SUBSTITUTE PERSONNEL ACTION FORM

This form is completed by the appropriate personnel in the department. Pursuant to AB500 and effective January 1, 2003, short temporary employment requires board approval with exception of classified substitutes. The following guidelines must be followed and tracked by the department:

- DAYS LIMIT** - Employees must NOT work more than 184 days per fiscal year. All jobs combined.
- HOURS LIMIT CALPERS** – Employees who reach 1,000 hours worked per fiscal year require CALPERS membership. This membership requires employee and employer monthly contributions.
- HOURS LIMIT BENEFITS** - Affordable Care Act requires the District to offer health benefits to employees working 130 hours per month.
- SICK LEAVE** – Employees earn 1 hour of paid sick leave for every 30 hours worked. The maximum accrual is 24 hours. Employees must be employed 30 days and pass a 90 day period to use sick leave.

<input type="checkbox"/> Cañada College	<input type="checkbox"/> Chancellor's Office	<input type="checkbox"/> College of San Mateo	<input type="checkbox"/> Skyline College	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
G#	Last Name	First Name	MI	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Fiscal year	Board Approval	Start Date	End Date	Position #

Effective Date: <input type="text"/>	<b>Employment Type</b>
<input type="checkbox"/> New/Re-employment	<input type="checkbox"/> A Short Term
<input type="checkbox"/> Salary	<input type="checkbox"/> B Substitute
<input type="checkbox"/> Termination	<input type="checkbox"/> C Retiree (same/low class)
<input type="checkbox"/> Labor Distribution	<input type="checkbox"/> D Retiree (differ/higher class)
	<input type="checkbox"/> E Miscellaneous

<input type="text"/>					
Job Title	Department/Division	Salary Sched.	Grade	Step	Avg. Mon Hrs

<b>COMPLETE THIS SECTION IF HIRING A SUBSTITUTE:</b>	
<input type="text"/>	<u>Reason:</u>
Name of Employee being replaced	<input type="checkbox"/> Detail Coverage <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Sick/Vac Coverage <input type="checkbox"/> Vacant Position

**Labor Distribution**

FUND	ORG	ACCOUNT	PROGRAM	PERCENT
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

<input type="text"/>	<input type="text"/>	<b>Timesheet Reporting System</b>	
Web Approver Name	Web Approver G#	<input type="checkbox"/> Web Entry	<input type="checkbox"/> Department Entry
<input type="text"/>	<input type="text"/>		
Web FYI Name	Web FYI G#		
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Dean/Administrator Name	Dean/Administrator Signature	College Business Officer Signature	

## SHORT TEMPORARY & SUBSTITUTE PAF INSTRUCTIONS

Complete the Short-Term PAF to ensure employee payment. Short-Term and Substitute employees receive payment on the 15<sup>th</sup> of each month for the previous month work. To ensure timely payment follow the [Payroll Deadlines](#) available on the Downloads page. [Short-Term/Substitute Employment Policy and Procedures](#) are available in the Human Resources Downloads Page.

### SUBSTITUTE EMPLOYMENT:

1. **New Hire Packet:** All new employees must complete a New Hire Welcome Packet. If the person has already worked for the district in the past, only complete the PAF. Employee can update their personal information in Websmart.
2. **PAF:** Complete a PAF for a New Hire (Add New Position), Re-employment, Salary Change, Labor Distribution Change, and Termination.
  - *Board Approval:* Enter the date the Short-Term position was board approved.
  - *Dates of Employment:* This determines the dates the time sheet will be available on Websmart or Department Entry. The default end date for all Short-Term employment is 06/30/YY.
  - *Position Number:* Consists of six Characters, i.e. 2L2416 or 2M2416
    - First character of the position indicates the campus location.
      - 1.Chancellor's Office
      - 2.Skyline
      - 3.Cañada
      - 4.CSM
    - Second character is an "L" indicative of regular Short-Term/Substitute and "M" is for miscellaneous employees.
    - Last characters indicate the department's organization number.
  - *Effective Date:* Enter the date you want the employment and or change to reflect.
  - *Employment Type:*
    - Box A: Short Term Employee
      - Short-Term employment requires Board Approval (AB 500).
    - Box B: Substitute Employee
    - If you check this box, also complete the "Complete this Section if Hiring a Substitute."
      - Substitutes do not need Board Approval.
      - Substitutes can only replace an employee absent from work:
        - i.e. Leave of Absence, Sick/Vacation Coverage, Vacant Position, Detail Position.
      - Substitutes replacing someone in a vacant position can only substitute for 60-Days during recruitment period.
    - Box C: Retiree returning to the same classification or lower classification.
    - Box D: Retiree- Retiree returning in same or higher classification.
    - Box E: Miscellaneous- Requires Board Approval.

- *Job Title:* This will show in Websmart.
- *Salary Schedule:*
  - Short Term Employees salary schedule is 6T, MH or 80% of regular salary schedules.
  - Shot-Term Retirees are paid from regular salary schedule, highest step, + LSI prior to retiring.
  - Substitutes are paid 100% from regular salary schedules (i.e. 40, 50, 60, 70...)
- *Average Monthly Hours:* Hours you expect employee to work.
- *Labor Distribution:* The position Org and Labor Distribution Org must match. If there is a change in Org then the position# also changes. Check this box for any other distribution change.
- *Web Approver and FYI:* Enter name and G# of approver and FYI.
- *Time Sheet Reporting System:* Indicate if you want the employee to see their time sheet in Websmart and enter hours or if the department approver wants will manually enter hours in banner.

## PERSONNEL REQUISITION FORM

**OFFICE OF THE HUMAN RESOURCES**

<b>Approval Is Requested For the Following Action(s):</b>	
Advertisement of a Vacant Position Advertisement of a Detail/Interim Position (Specify Position Number below)	Establishment of a New Classification Change in Staff Allocation (Create New Position)

<b>Position Demographics:</b>			
Position Title: _____	Division/Dept: _____	Reports To: _____	
Permanent	Temporary	If Temporary, end date: _____	
Location: Skyline	CSM	Cañada	Chancellor's Office
Position No. (if a current position): _____		% of F. T.	Mos. Per Yr:
Salary Schedule: _____	Salary Grade: _____	Last Incumbent: _____	
Position Classification:	Certificated	Classified	
Labor Distribution:	_____	_____	%
(must total 100%)	_____	_____	%
	_____	_____	%
Is this allocation currently budgeted?	YES	NO	
Name of Categorical Fund (if applicable): _____		Exp. Date: _____	
Effective Date: _____			

<b>REASON FOR REQUESTED ACTION(S): (attached additional sheets if needed)</b>

<b>REQUIRED: FOR ADVERTISEMENT OF A VACANT PERMANENT POSITION</b>
<b>Proposes names to serve on selection committee. Please refer to Selection Procedures or the Human Resources Department for more detail.</b>

<b>APPROVALS</b>	
Division / Department Administrator	Date: _____
Vice President of Instruction / Vice President of Student Services	Date: _____
Vice President of Admin Services	Date: _____
Chancellor / College President	Date: _____
District Budget Officer	Date: _____

# PERSONNEL REQUISITION FORM

## GUIDELINES FOR COMPLETION

(All information must be legible)

### Approval Is Requested For the Following Action(s)

- ❖ ADVERTISEMENT OF A VACANT OR DETAIL POSITION
  - Using an existing position from the Position Control Worksheets
- ❖ ADVERTISEMENT OF A DETAIL/INTERIM POSITION
  - Using an existing position from the Position Control Worksheets. The suffix for Detail/Interim action is "D0"
- ❖ ESTABLISHMENT OF A NEW CLASSIFICATION
  - Use this to create a position
- ❖ CHANGE IN STAFF ALLOCATION
  - Use this to add a position that exists from the Position Control Worksheets

### Position Demographics

- ❖ POSITION TITLE: enter the title of the position
- ❖ DIVISION/DEPT: enter the organization title
- ❖ REPORTS TO: enter the name of Administrator/Manager/Supervisor that oversee the position
- ❖ PERMANENT OR TEMPORARY: check the box which corresponds to the position; enter the end date if the position is temporary
- ❖ LOCATION: check the box which corresponds to the position
- ❖ POSITION NO.: for the current position, using the Position Control worksheets, enter the position number; "00" is the suffix number for all positions except detail/interim. The suffix for detail/interim is "D0".
- ❖ % OF F. T.: enter the FTE percent
- ❖ MOS. PER YR.: enter the number of months the position is paid
- ❖ POSITION CLASSIFICATION:
  - CERTIFICATED: positions that are academic (requires credential)
  - CLASSIFIED: positions that don't require credential
- ❖ LABOR DISTRIBUTION: indicates the budget accounts to be charged for this salary and the percentage of the salary expense for each account. In all cases, 100% of the annual salary must be accounted for.
- ❖ IS THIS ALLOCATION CURRENTLY BUDGETED: check the box if the budget is set-up for the position
- ❖ NAME OF GRANT/CATEGORICAL FUND (IF APPLICABLE): If external funds will pay for the salary, indicate the title of the grant
- ❖ EXP. DATE: the grant expiration date needs to be entered here
- ❖ EFFECTIVE DATE: enter the date after it is board approved

### REASON FOR REQUESTED ACTION(S)

- ❖ Enter the reason for this request

### REQUIRED: FOR ADVERTISEMENT OF VACANT OR DETAIL POSITION

- ❖ Names of the proposed selection committee

### APPROVALS

- ❖ DIVISION/DEPARTMENT ADMINISTRATOR: a signature is required
- ❖ COLLEGE PRESIDENT/CHANCELLOR: a signature is required
- ❖ VPAS OR DESIGNEE/DISTRICT BUDGET OFFICER: a signature is required
- ❖ REVIEWED BY: a signature is required



SAN MATEO COUNTY  
**COMMUNITY**  
COLLEGE DISTRICT

*Cañada College • College of San Mateo • Skyline College*

**Office of Human Resources**  
3401 CSM Drive, San Mateo, CA 94402  
Ph: 650.574.6555  
Fax: (650) 574.6574

**REVISED PROCEDURES AND FORMS FOR HIRING  
CLASSIFIED, SHORT-TERM EMPLOYEES**

Pursuant to AB 500 and effective January 1, 2003, California Education Code section 88003 was modified to require prior Board of Trustees approval for all new short-term, non-continuing assignments. Board approval of the new short-term assignment (including start and end dates and primary job duties) or of any extension to a previously- Board approved short term assignment, is required prior to hiring or extending any temporary person to perform the service.

Revised Personnel Requisition and Temporary Classified Employment Authorization forms are available in PDF format, on the District Intranet.

**The new law does not apply to the following:**

1. Any classified short term assignments that began on or before December 31, 2002.
2. Classified substitutes, hired to temporarily replace current active District employees who must be away from their positions due to illness or injury, jury duty, vacation or other absence from which they will return; or to classified substitutes who are allowed to work for a maximum of sixty days during the recruitment and selection process for filling a vacant position.
3. Employment of Student Assistants or Workstudy Students.

The following is the required 4-step sequence for District managers to follow in the employment of short-term, non-continuing employees:

**Step 1:**

**Plan for potential temporary (short-term) staffing needs as far in advance as possible, including a start date for the temporary assignment and a projected ending date that falls within the legal maximum of 194 days in a college year.**

*District practice has been to stop all short term assignments at approximately 180 days in order to avoid potential errors in counting, etc. The new law will require all California community college managers to view the beginning of short term classified projects and special workloads in relation to the timeline for obtaining Board approval, including monthly Board meeting dates, and submission deadlines required by the Office of Human Resources during the previous week. Extensions of classified short term assignments that have been previously-Board approved also require prior Board approval.*

**Step 2:**

**Complete and submit the revised Personnel Requisition Form, now including a brief description of the primary job duties planned for the temporary assignment.**

*Once received in the Office of Human Resources, the request for a new or extended classified short term assignment will be included as part of the next available "Open-session" Board Report. Board Report items must be received in the Office of Human Resources no later than Tuesday of the week prior to the scheduled Board meeting. Normally, Open-session Board Reports are prepared by Human Resources for presentation at the second of two Board meetings each month.*

**Step 3:**

**Once Board-approved, you may hire or extend a temporary, at-will worker to perform the described short-term services between the start and ending dates shown on the Personnel Requisition Form.**

**Step 4:**

**Once hired or extended, the temporary, short-term employee and hiring manager will complete all of the required Payroll forms, including the new form titled, “Temporary Classified Employment Authorization Form.”**

*The new two-page form replaces the current form titled, “Intent Form” for classified short-term and substitute temporary employment. The new form includes space to use in repeating the brief description of job duties previously submitted on the Personnel Requisition Form, and a space for the Board approval date. The hiring manager will be required to acknowledge, by signature, that the temporary employment will comply with District and Education Code policies. Short term employees whose temporary assignments are extended by Board approval are required to complete a new “Temporary Classified Employment Authorization Form” along with the hiring manager, in order to reflect the extended service dates that were approved by the Board.*

(Rev. 05/17)