



SAN MATEO COUNTY  
COMMUNITY  
COLLEGE DISTRICT

Office of Human Resources  
3401 CSM Drive – San Mateo, CA 94402  
Automated Service Line: (650) 574-6555  
Fax: (650) 574-6574

## ACADEMIC/ADMINISTRATOR PERSONNEL ACTION FORM

PART 1: 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	CONTRACT IV
REGULAR	ACADEMIC SUPERVISOR	ADMINISTRATOR		

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 ASSIGNMENT	DECREASE ASSIGNMENT	LABOR DISTRIBUTION CHANGE	LEAVE REPLACEMENT (Replacing:)
OTHER CHANGE (Reason)			

EFFECTIVE DATE:

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