



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 | |
| | | | To: | Units | To: | 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.