

# GAVILAN COMMUNITY COLLEGE – PERSONNEL ACTION FORM

## Section 1 – Personal Data

Name (As on Social Security Card)

QSS ID: \_\_\_\_\_

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ HR to Complete

## Section 2 – Action Required

<input type="checkbox"/> New Hire <input type="checkbox"/> Re-Hire <input type="checkbox"/> Work out of class <input type="checkbox"/> New Position <input type="checkbox"/> Position FTE Reduction/Increase <input type="checkbox"/> Other _____	<input type="checkbox"/> Overload <input type="checkbox"/> Faculty Special Assignment <input type="checkbox"/> Stipend _____ total hrs <input type="checkbox"/> In addition to reg. work schedule <input type="checkbox"/> Within reg. work schedule <input type="checkbox"/> Per GCFA contract	Pay Schedule for Stipend: _____ <input type="checkbox"/> Leave of Absence Type: _____ Start: _____ End: _____	<input type="checkbox"/> Separation <input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> Other _____
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## Section 3 – Proposed Position Classification

<b>CLASSIFIED</b> <input type="checkbox"/> Regular <input type="checkbox"/> Full-time (100%) <input type="checkbox"/> Part-time (less than 100%) <input type="checkbox"/> Confidential <input type="checkbox"/> Supervisory	<b>MANAGEMENT</b> <input type="checkbox"/> Administrator <input type="checkbox"/> Interim <input type="checkbox"/> <b>Verified current Gavilan student</b>	<b>STUDENTS</b> <input type="checkbox"/> Inst. Work Study <input type="checkbox"/> Cal/WORKS <input type="checkbox"/> Financial Aid WS <input type="checkbox"/> Tutor	<b>OTHER</b> <input type="checkbox"/> Prof. Expert <input type="checkbox"/> Tutor <input type="checkbox"/> Short Term <input type="checkbox"/> Peak (90 days) <input type="checkbox"/> Regular (180 days)	<b>FACULTY</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Permanent <input type="checkbox"/> Substitute <input type="checkbox"/> Part-Time <input type="checkbox"/> Credit <input type="checkbox"/> Non-Credit <input type="checkbox"/> Timesheet <input type="checkbox"/> Substitution <input type="checkbox"/> ASA
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## Section 4 – Current Status (if currently working)

Job Title: _____		Division: _____	
Faculty Assignments: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		Department: _____	
Begin Date: _____/_____/_____	End Date: _____/_____/_____	Track/Step: _____/_____	Salary: \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Flat Rate <input type="checkbox"/> Annually <input type="checkbox"/> Other _____
FTE: _____% <small>(for permanent staff only)</small>	Months <input type="checkbox"/> AY (9) <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Days/Week <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	Hours: _____ <input type="checkbox"/> Week <input type="checkbox"/> Month

## Section 5 – New Proposed Status

Is this an additional assignment within current status? <input type="checkbox"/> Yes <input type="checkbox"/> No		Job Title: _____		Division: _____	
Begin Date: _____/_____/_____		End Date: _____/_____/_____		Track/Step/Lab: _____/_____/_____	
Faculty Assignments: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		Department: _____		Salary: \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Stipend <input type="checkbox"/> Annually	
FTE: _____%	Months <input type="checkbox"/> AY (9) <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Days/Week <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	Hours: _____ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month		

## Section 6 – Budget Distribution

1: Program # _____ Account # _____ %	3: Program # _____ Account # _____ %
2: Program # _____ Account # _____ %	4: Program # _____ Account # _____ %

## Section 7 – Justification

**Detailed explanation of action – REQUIRED:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Section 8 – Approval Signatures as Needed

Supervisor Signature _____ Date _____ Print Name: _____ *Req'd for all changes	Hiring Dean/Administrator Signature _____ Date _____ Print Name: _____ *Req'd for all changes
Vice President Signature _____ Date _____ Print Name: _____ *Req'd for all changes	Superintendent/President Signature _____ Date _____ Print Name: _____ *Req'd for new positions
Employee Signature _____ Date _____ Print Name: _____	CSEA President/Designee Signature _____ Date _____ Print Name: _____ *Req'd for New, ST and SUB

## Section 9 – For Human Resources Only

## Section 10 – For Business Office Only

**New Hire:**  QCC  W-4  DL/SSN  Affidavit  STRS  PERS  Apple  DD

**Approved:** \_\_\_\_\_ Date: \_\_\_\_\_  
 Human Resources Date HR Input by: \_\_\_\_\_ Initials

**Original:**  Personnel File   **Copies to:**  Board    Business Office    Department

**Approved:** \_\_\_\_\_ **Entered:** \_\_\_\_\_  
 Director (Initials) Payroll (Initials)

Bus. Off. Input by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Initials