

Seward County Community College

PERSONNEL ACTION FORM

(To be completed in full by the each supervisor upon hire/change of employee/volunteer)

Name: _____ Banner ID No: _____
First Middle Last

PERSONNEL ACTION		EMPLOYEE STATUS		
<input type="checkbox"/> New Employee Hired	<input type="checkbox"/> Status Change	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Summer
<input type="checkbox"/> Former Employee Rehired	<input type="checkbox"/> Salary Change	<input type="checkbox"/> Temporary	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Adjunct
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Additional Position			

POSITION INFORMATION			
Title: _____		Supervisor: _____	
Department: _____		Supervisor's Banner ID No: _____	
Fund	Organization	Account	Percentage or \$ Amount
FOAPAL: _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Account Numbers for Salaries/Wages

6110 – Administrative	6130 – Clerical	6160 – Miscellaneous Hourly/Non-Exempt
6120 – Faculty-Instructional	6140 – Students	6170 – Salary/Exempt (excluding Administrative & Faculty)
6121 – Adjunct/Part-Time Instructors	6150 – Maintenance/Security	

HOURLY (NON-EXEMPT) EMPLOYEES OR VOLUNTEERS	SALARY (EXEMPT) EMPLOYEES Administrator & Faculty ONLY	SALARY (EXEMPT) EMPLOYEES Staff (Non-Administrator & Non-Faculty)
Hourly Rate of Pay: \$ _____	<input type="checkbox"/> Administrator <input type="checkbox"/> Faculty	Start Date: _____
Hours per Week: _____	Contract Amount: \$ _____	End Date: _____
Start Date: _____	Contract Start Date: _____	Monthly Salary: \$ _____
End Date (if applicable): _____	Contract End Date: _____	Based on Annual Amount of: \$ _____
<i>End Date applicable for Temporary or Summer status</i>	Base Number of Days:	Fiscal/Grant Year Employment Based On:
For volunteers only enter start and end dates.	<input type="checkbox"/> 172 days (9 month)	<input type="checkbox"/> 195 work days and 53 non-work days
Any hours in addition to the above are considered extra time and must have the supervisor's approval and should be recorded on the time card/sheet. Hours worked over 40 per week are considered overtime and an overtime authorization must be completed.	<input type="checkbox"/> 180 days	<input type="checkbox"/> 207 work days and 41 non-work days
	<input type="checkbox"/> 195 days (10 month)	<input type="checkbox"/> 215 work days and 33 non-work days
	<input type="checkbox"/> 212 days (11 month)	<input type="checkbox"/> 227 work days and 21 non-work days
	<input type="checkbox"/> Adjunct	<input type="checkbox"/> 248 work days and 24 vacation days
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
	Administrators will be paid in equal payments July thru June.	Wages will be pro-rated the first and last month of employment for days worked.
	Faculty will be paid in 12 equal payments as per state statute, unless contract is broken.	

CONDITIONS OF EMPLOYMENT/VOLUNTEERING <small>(if additional space is needed, use back of form)</small>
<hr/> <hr/> <hr/>
Degree Plan <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, note details here (Degree Plan Agreement, signed by the supervisor & employee, must be submitted to HR for the employee's personnel file): _____

APPROVAL	
Supervisor	Date
Division Chair	Date
Administrator	Date
President	Date

HUMAN RESOURCES USE ONLY	
Position Class: _____	Benefits Eligibility <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> None
Benefit Class: _____	Annual Leave Hours: _____ <input type="checkbox"/> N/A Sick Leave Hours: _____ <input type="checkbox"/> N/A
Employee Class: _____	Personal Leave Hours: _____ <input type="checkbox"/> N/A Non-Work Days: _____ <input type="checkbox"/> N/A
NBAPOSN: _____	KPERs 12 form (EE changed FLSA classification) <input type="checkbox"/> Yes <input type="checkbox"/> No