



FORT BERTHOLD COMMUNITY COLLEGE

PERSONNEL ACTION FORM

NAME: _____ DATE OF HIRE: _____ DATE: _____
 ADDRESS: _____ SOC. SEC. NO.: _____ EMPLOYEE NO.: _____
 CITY/ST/ZIP: _____ HOME PH. NO.: (____) _____
 DEPARTMENT: _____ JOB TITLE: _____
 HOURLY PRESENT
 SALARY RATE: _____ / _____

TYPE OF CHANGE			CHANGED TO	
<input type="checkbox"/> NEW HIRE	<input type="checkbox"/> RESIGNATION	<input type="checkbox"/> RATE CHANGE	<input type="checkbox"/> WAGE RATE: _____ PP/Hr./Cr.	EFFECTIVE DATE _____ Must be completely filled out
<input type="checkbox"/> REHIRE	<input type="checkbox"/> TERMINATION	<input type="checkbox"/> JOB CHANGE	<input type="checkbox"/> SALARY ANN.: _____	
<input type="checkbox"/> TEMP HIRE	<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> DEPT. CHANGE	<input type="checkbox"/> HOURLY # HRS. WORK: _____	
<input type="checkbox"/> BONUS/MERIT	<input type="checkbox"/> TRANSFERS	<input type="checkbox"/> LAY OFF	JOB TITLE: _____	
<input type="checkbox"/> CONTRACT/RENEWAL	<input type="checkbox"/> GRANT WRITING INCENTIVE	<input type="checkbox"/> PAY RATE INCREASE	JOB DURATION: From _____ To _____	
<input type="checkbox"/> RETURN FROM LEAVE	<input type="checkbox"/> LEAVE OF ABSENCE	<input type="checkbox"/> PROBATIONARY	STATUS <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt	
<input type="checkbox"/> SUPPLEMENT	<input type="checkbox"/> DEMOTION	<input type="checkbox"/> CLASS OVERLOAD	DEPARTMENT FUND CODE: _____	
<input type="checkbox"/> OTHER _____			NOTES: _____	

TYPE OF CHANGE-BENEFITS/DEDUCTIONS			CHANGED TO	
<input type="checkbox"/> 401(K)	<input type="checkbox"/> LIFE INS.	<input type="checkbox"/> HOUSING/RENT	<input type="checkbox"/> Benefit From _____ To _____	EFFECTIVE DATE _____ / /
<input type="checkbox"/> BC/BS	<input type="checkbox"/> TRAVEL ADV	<input type="checkbox"/> CHILD SUPPORT	<input type="checkbox"/> Deduction From _____ To _____	
<input type="checkbox"/> AFLAC	<input type="checkbox"/> FMLA	<input type="checkbox"/> BOOKSTORE	Weekly Rate <u>52/</u> _____	
<input type="checkbox"/> RTM LOAN	<input type="checkbox"/> COBRA	<input type="checkbox"/> P/R DEDUCTION FEE	Bi-Weekly Rate <u>26/</u> _____	
<input type="checkbox"/> OTHER _____			Monthly Rate <u>12/</u> _____	
			Other (explain) _____	

CALCULATION CHANGES/REMARKS: _____

DISTRIBUTION INFORMATION - Note if you have more than one item below filled out, you must file an ACTIVITY REPORT to support hours.

From	To	Fund	Fund Description	Pay Rate	Distribution%	Regular	Supplemental	Contact/Semester/Working Hours

NOTE: To be filled out during Resignation/Termination/Discharge

BOOKSTORE/LIBRARY <input type="checkbox"/>	BY _____	FAC/OFF/VEH KEYS RTND. <input type="checkbox"/>	BY _____
ACCRUED VAC. <input type="checkbox"/>	BY _____	LAPTOP/CELL/EQUIP. RETND. <input type="checkbox"/>	BY _____
LOANS, TRAVEL & A/R <input type="checkbox"/>	BY _____	PH/COMP. PASSWRDS CHGD. <input type="checkbox"/>	BY _____
ELIGIBLE FOR REHIRE <input type="checkbox"/> YES <input type="checkbox"/> NO		OTHER _____ <input type="checkbox"/>	BY _____

AUTHORIZATION (MUST BE COMPLETELY FILLED OUT):

EMPLOYEE _____	DATE _____ / _____ / _____
SUPV./ADM. _____	DATE _____ / _____ / _____
HR. DIR./ADM. _____	DATE _____ / _____ / _____
PRESIDENT _____	DATE _____ / _____ / _____

NOTE: This form must be filed before payroll is processed to assure that all information is entered into the computer. ***** FOR PAYROLL PURPOSES ONLY*****
 Information Entered in Computer by _____ Date _____