

**Scripps College
Personnel Action Form Staff & Faculty**

Name (Last) _____ (First) _____ (Middle Initial) _____		Social Security Number _____		<input type="checkbox"/> Male <input type="checkbox"/> Female	Employee # _____
Street Address _____ _____			Home Telephone () _____	DOB: ___/___/___	
City _____	State _____	Zip _____	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Am. Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Not Specified	

Scripps CGU CMC HMC Pitzer Pomona **Date Action Effective** _____

Position Title _____		<input type="checkbox"/> New Hire <input type="checkbox"/> Re-Hire	Job Code _____	Grade _____
		<input type="checkbox"/> Workstudy <input type="checkbox"/> NW Study		
Rate of Pay Annual _____ per year <input type="checkbox"/> Monthly \$ _____ per month <input type="checkbox"/> Biweekly \$ _____ per cycle <input type="checkbox"/> Hourly \$ _____ per hour		<input type="checkbox"/> 9 months <input type="checkbox"/> 10 months <input type="checkbox"/> 11 months <input type="checkbox"/> 12 months <input type="checkbox"/> Other _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Occasional	Retirement Plan Eligibility Date <input type="checkbox"/> Immediate ___/___/___ <input checked="" type="checkbox"/> 680 - 1 year ___/___/___ <input type="checkbox"/> 1000 - 1 year ___/___/___ <input type="checkbox"/> 1000 - 2 year ___/___/___ <i>Student & temporary workers not eligible</i>
Account Distribution Name _____ Number _____		Pay Group <input type="checkbox"/> Student <input type="checkbox"/> Hourly <input type="checkbox"/> Exempt	Pay Months From _____ To _____	Supervisor Name _____ Paycheck Location _____

BENEFITS MAIL COBRA LETTER **Date Action Effective** _____

Benefits Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Benefits Salary: \$ _____	FTE Salary: \$ _____
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STATUS CHANGE Staff Student : Pay Rate Change Position Change Name Change **Date Action Effective** _____

PRESENT			PROPOSED		
Position Title _____		Job Code/Grade _____	Position Title _____		Job Code/Grade _____
Rate of Pay: <input type="checkbox"/> Monthly \$ _____ per month <input type="checkbox"/> Biweekly \$ _____ per cycle <input type="checkbox"/> Hourly \$ _____ per hour		Work Months <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 _____ weeks	Rate of Pay: <input type="checkbox"/> Monthly \$ _____ per month <input type="checkbox"/> Biweekly \$ _____ per cycle <input type="checkbox"/> Hourly \$ _____ per hour		Work Months <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 _____ weeks
Account Distribution Name _____ Number _____		Pay Group: <input type="checkbox"/> Student <input type="checkbox"/> Hourly Staff <input type="checkbox"/> Exempt Staff	Account Distribution Name _____ Number _____		Pay Group: <input type="checkbox"/> Student <input type="checkbox"/> Hourly Staff <input type="checkbox"/> Exempt Staff
		Pay from _____ to _____			Pay from _____ to _____
		Retirement Plan Effective Date _____			Retirement Plan Effective Date _____
Supervisor Name _____		Paycheck Location _____	Supervisor Name _____		Paycheck Location _____

TERMINATION OF EMPLOYMENT SUSPEND PAY **Date Action Effective** _____

Last day worked: ___/___/___ Date benefits terminate: ___/___/___ _____ unused vacation/personal hours paid by SPA: \$ _____	Position Title _____ Account Number _____	Reason for Termination <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Discharge <input type="checkbox"/> Lay Off <input type="checkbox"/> End of Semester <input type="checkbox"/> Graduated <input type="checkbox"/> Other* *see remarks Type of Pay Suspension <input type="checkbox"/> With Benefits <input type="checkbox"/> Without Benefits
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REMARKS:

APPROVALS
Authorized Signature 1 _____ Date _____ Authorized Signature 2 _____ Date _____