

HR USE ONLY- Entered By _

COLLEGE OF COASTAL GEORGIA PERSONNEL ACTION FORM

Revised April 2020

Employee Name	Employee ID	Action	Action Effective Date	
Complete applicable section in its entirety and rou	ite for approval. <i>Incomplete fo</i>	orms will be returned	d resulting in pro	cessing delay.
Section A – New Hire/Rehire				
Position Number:	Job Title:			
Direct Manager:				
Pay Rate: Hourly/Non-exempt	Salaried/Exempt	Per Credit I	Hour (PT Faculty)	
☐ Full-Time (40 hours a week)	□ R	egular \square	Faculty Fiscal (12	! month)
$\ \square$ Part-Time- if so, indicate standard hours \wp	per week 🗆 To	emporary \Box	Faculty Academi	c (10 month)
Benefits Eligible : ☐ Full Benefits Package ☐	\square Partially Benefitted \square N	lot Eligible		
Is employee currently employed by another USG I	nstitution? □ Yes □ No If ves	s. will they continue t	his employment?*	'□Yes□No
* Continued employment at another Institution wil	·	·		
Is the employee a retiree with any of the following		=		
**If so, certain employment restrictions could apply	y			
Section B –Regular Job Data Update (Complete	All Applicable Fields)			
☐ Pay Rate Change* ☐ Position Ch	nange \square Promotion/	Tenure 🗆	Reclassification	
*Note: for Permanent Changes only; for Tempor	•			
Specific Reason for the Change (for example, equit	ty adjustment):			
New Position Number: Current Job	Title:	New Job Title	::	
New Manager (if applicable):	New Time A	pprover (if applicable	e):	
New Pay Rate: Hourly/Non-exempt	Salaried/Exempt	Per Credi	t Hour (PT Facult	y)
☐ Full-Time (40 hours a week)	□ R	Regular 🗆 🗆	Faculty Fiscal (1	2 month)
$\ \square$ Part-Time- if so, indicate standard hours $\mathfrak p$	oer week 🔲 T	emporary \Box	Faculty Academ	nic (10 month)
Benefits Eligible : ☐ Full Benefits Package		lot Eligible	,	,
Other Changes/Comments:	•	•		
Section C – Temporary Supplemental Pay (i.e. Ac Funding Distribution: ☐ 100% from Home Depart			ng (dotail bolow)	
Funding Comments:	·	=	ing (detail below)	
Amount:Pay Sche				
Specific Reason for Supplemental Pay (required):	date (for example, pay over 5			
Is this included in their contract/contract addendu	ım? □ Yes □ No			
Section D – Terminations				
Last day worked:				
All terminations require a reason code. Please sele	•			
☐ Resignation (please attach letter) ☐ Retire (please		indonment	☐ Violation of W	Vork Rules
☐ Probationary Period ☐ Gross Misco		to Return from Leave	☐ Unsatisfactor	y Performance
, , , , , , , , , , , , , , , , , , , ,				
Comments:				
Section E – Approvals				
	Print Name	Signatu	re	Date
Department Head/Budget Manager	Print Name	Signatu	re	Date
Department Head/Budget Manager Cabinet Member	Print Name	Signatu	re	Date
	Print Name Michelle Ham	Signatu	re	Date
Cabinet Member		Signatu	re	Date

Date Entered