

CCA PERSONNEL FORM

Employee/Student # _____ Temp Exempt
 Staff Faculty Student - # of units _____ Regular Non-Exempt

PERSONAL DATA

Name: _____
Mailing Address: _____
Permanent Address (if different): _____
Home Telephone: _____ Social Security #: _____
Date of Birth: _____ Male Female

HIRING INFORMATION

Department: _____
Date of Hire: _____ Salary/Hourly Rate: _____
Job Title: _____ Work-Study Supervisor Code: _____
Exempt only: FTE: _____ Non-Exempt only: Hrs/Week: _____ Hrs/Day: _____
Source of Funds: _____ (Please confirm with Business Office)

CHANGE OF STATUS Compensation Department Status % of Appt. Other

Effective Date: _____ New Title: _____
From: _____ To: _____

TERMINATION

Last Day Worked: _____ Keys/Property Ret'd to: _____
Letter of Resignation Attached: ___ Yes ___ No
Reason for Termination: _____

REMARKS:

AUTHORIZATION

Employee: _____ Date: _____
Immediate Supervisor/Mgr: _____ Date: _____
Department Administrator: _____ Date: _____
Director of Human Resources: _____ Date: _____

Payroll/HR: cc:BSO-Dir,FinSvcs I-9 on file W-4 on file Date sent to Payroll: _____ Date entered into database: _____
use only: Program Code: _____ Object Code: _____ Worker's Comp Code: _____