

Request for Board Agenda Item/YCCD Payroll Action Form

MJC COLUMBIA CS

Position Title: _____
Requestor: _____ **Date:** _____
Unit/Division: _____

1. EMPLOYEE INFORMATION *** Fields to be completed/verified by HR/Payroll**

Employee Name: _____ *Colleague ID#: _____ w
 *Address: _____ *City/State: _____ *Zip: _____
 *Phone: _____ *Soc Sec #: _____ *DOB: _____ (mm/dd/yyyy)

2. CLASSIFICATION:

<input type="checkbox"/> Classified/CSEA: _____ % Assignment <input type="checkbox"/> Faculty: <input type="checkbox"/> Tenure Track <input type="checkbox"/> Temporary – Timeframe: _____ Reason: _____ <input type="checkbox"/> Sabbatical Repl.-Timeframe _____ Replaced: _____ <input type="checkbox"/> Non-Teaching	<input type="checkbox"/> Management: _____ % Assignment <input type="checkbox"/> Educational Administrator <input type="checkbox"/> Classified Management <input type="checkbox"/> Confidential <input type="checkbox"/> Interim Assignment-Timeframe: _____
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3. EMPLOYEE ACTION: New Employee Current Employee with Change

<input type="checkbox"/> Request to Hire - Start Date: _____ Replaces: _____	HAVE THE ACCOUNT # OR #'S FOR THE ACTION CHANGED? <input type="checkbox"/> Y <input type="checkbox"/> N Account # for Salary/?: _____ % Account # for Salary/?: _____ % Account # for Salary/?: _____ %	% _____ % _____ % _____
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Resignation – *Attach Letter* - Effective Date: _____ Retirement - *Attach Letter* – Effective Date: _____

Termination – Effective Date: _____

Reduction in Assignment: From: _____ % to _____ % Start Date: _____ End Date: _____

Increase in Assignment: From: _____ % to _____ % Start Date: _____ End Date: _____

Permanent Increase in Assignment: From _____ months to _____ months Start Date: _____
 Funding Source: _____

Temporary Increase in months worked: From: _____ to _____ (10 to 11 or 11 to 12) Start Date: _____ End Date: _____
 Funding Source: _____

Lateral Transfer Request: New Location: _____ Div/Unit: _____

Other: _____
 Please explain - Attach Additional Sheets if Necessary

APPROVAL SIGNATURES (NOTE: ALL ACTIONS SUBJECT TO APPROVAL OF THE BOARD)

Supervisor	Date	Vice Chancellor, HR	Date
Vice President or Equivalent	Date	Chancellor	Date
Director of Budget	Date		
President	Date		

Below fields to be completed/verified by HR/Payroll

Date Hired/Effective: _____

Prior Position: _____ Monthly/Hourly: _____

No of Months: _____ No of Pmts: _____ Percent of Time Employed: _____ %

Salary Schedule: Classified Management Perm Pt Hrly Cert Ct/Ovload Cert.

Range: _____ Step: _____ Amount: _____

Title/Location: _____ Position ID: _____

Payroll Adjustments: _____

ETAX BNDS TMPE EDDP PERS REAP RET DATE EPOV

TERMINATION Last Day in Paid Status: _____ **Date:** _____

Board Approval Date: _____ **Date:** _____