

## 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:

☐ Classified/CSEA: \_\_\_\_\_ % Assignment☐ Management: \_\_\_\_\_ % Assignment☐ Faculty:☐ Educational Administrator☐ Tenure Track☐ Classified Management☐ Temporary – Timeframe: \_\_\_\_\_ Reason: \_\_\_\_\_☐ Confidential☐ Sabbatical Repl.-Timeframe \_\_\_\_\_ Replaced: \_\_\_\_\_☐ Interim Assignment-Timeframe: \_\_\_\_\_☐ Non-Teaching

## 3. EMPLOYEE ACTION:

New Employee ☐Current Employee with Change ☐☐ Request to Hire - Start Date: \_\_\_\_\_  
Replaces: \_\_\_\_\_HAVE THE ACCOUNT # OR #'S FOR THE ACTION CHANGED? ☐ Y ☐ N

Account # for Salary/%: \_\_\_\_\_

%

Account # for Salary/%: \_\_\_\_\_

%

Account # for Salary/%: \_\_\_\_\_

%

☐ 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: \_\_\_\_\_