

Personnel Action Request Form

Part-Time / Adjunct Faculty

Please complete this form for all changes in status, including terminations, and attach any supporting documentation, including position descriptions or letters of resignation.

Employee Name: _____ **Employee Number:** _____

Date of Request: _____ **Effective Date:** _____

New Hire Information	
Position:	_____
College/School:	_____ Location: _____
Semester Salary:	\$ _____ Rate Per Course: \$ _____
Department Code:	_____ Academic Year: _____
Status:	<input type="checkbox"/> Part-time <input type="checkbox"/> Adjunct <input type="checkbox"/> U/G - Rindge <input type="checkbox"/> U/G - Online <input type="checkbox"/> Grad
Semester:	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Term I <input type="checkbox"/> Term II <input type="checkbox"/> Term III <input type="checkbox"/> Term IV <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II <input type="checkbox"/> Grad 1 <input type="checkbox"/> Grad 2 <input type="checkbox"/> Grad 3 <input type="checkbox"/> Grad 4 <input type="checkbox"/> ST1 <input type="checkbox"/> ST2 <input type="checkbox"/> ST3 <input type="checkbox"/> ST4
Comments:	

Action Taken: *Select the appropriate action for employee:*

- Hire Re-Hire
 Other (explain) _____

Classification: *Select the appropriate classification for employee:*

- Faculty Student Supervision Student Teaching
 Other (explain) _____

Approvals / Signatures Required:

 Division Chair Date Dean Date

 Vice President of Finance & CFO Date Director of Human Resources Date

HR Use Only:
 StarGarden Letter Copies to File