

SCC Office of Education – Education Personnel

EMPLOYEE ACTION FORM

Must check one: Conference Funded Locally Funded



Select the action that applies and fill out section completely

Employee's Full LEGAL Name: _____
Last Name First Name Middle Name

Work Location/School _____

Contact Person: (Supervisor/Principal/Business Mgr.) _____

Supervisor Email: _____ Supervisor Phone: _____
Area Code & Number

1. HIRE

A. NEW EMPLOYEEE

B. REHIRE

Date LAST worked at SCC _____

(Within 1 yr of restart date)

Date Board Voted: _____

Effective Date: _____

PLEASE CHECK APPLICABLE WORK STATUS OPTION:

Full-Time Regular Part-Time Regular Substitute Teacher Student
 Temporary (Temporary is less than 3 months. Indicate end date _____)

Assignment: Teacher / Grade teaching: _____ Teaching Principal Full-time Principal

Other _____

PAY RATE:

Remuneration: _____% Salary \$ _____ + COLA \$ _____ = Annual Salary \$ _____

Hourly \$ _____ per/hour # hours per week _____ Administrative Budget \$ _____ per month
(Admin. Budget Per Ed Code Only)

Credential: _____

10 months / 12-month Contract

2. CHANGE

Effective Date: _____

If applicable:
 KEEP previous position and ADD these changes

FILL IN ALL CURRENT INFORMATION

Do NOT leave blank!

CURRENT EMPLOYMENT INFORMATION

Work Location: _____

Position: _____

Hours, per wk.: _____

Credential: _____ Rem % _____

Salary: \$ _____ + COLA \$ _____

Annual Salary: \$ _____ Admin. \$ _____

or Hourly Rate: \$ _____

10-month Contract or 12-month Contract

FILL IN REQUESTED CHANGES

Do NOT leave blank!

EMPLOYMENT CHANGES

New Work Location: _____

New Position: _____

New Hours, per wk.: _____

New Credential: _____ Rem % _____

New Salary: \$ _____ + COLA \$ _____

New Annual Salary: \$ _____ Admin. \$ _____

or Hourly Rate: \$ _____

3. SEPARATION

Effective Date: _____

TYPE OF SEPARATION, select one:

- Resignation (attach resignation letter)
- Retirement
- Lay-off/Reduction-in-force* (*Requires prior HR Auth.)
- Dismissal (*Requires prior HR Auth.)
- Transfer out of SCC _____

Position held: _____ Location leaving: _____

Forwarding Address: _____

Authorized Signature: _____
 Date: _____

Printed Name: _____
 Title: _____

FOR SCC OFFICE USE:

All Education Personnel: _____ Date: _____ HR initials _____
 Required Signature of Vice President of Education (or designee)