

**KIRKWOOD COMMUNITY COLLEGE  
PERSONNEL ACTION FORM**

**Please complete all appropriate sections entirely and obtain department signatures. Forward to Human Resources, where other signatures will be obtained. Human Resources will notify you of approval.**

**Request to Fill Full-Time Position** Attach an up-to-date job description and Search Information Form. Complete sections 2 & 5.

**Part-Time Hire:** Complete sections 1, 2, 3, & 5.

**Notice of Termination/Resignation for Full-Time Employee** (Human Resources will complete)

**Grant Distribution Change:** Complete sections 1, 2 and 5.

**SECTION 1**

Employee Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**SECTION 2**

Position Title: \_\_\_\_\_ Department: \_\_\_\_\_

New Position\* or  Replacement for: \_\_\_\_\_

***\*If new full-time position, complete and attach New Position Information form.***

**Please complete appropriate information in either the Board Approved box or the Part-Time box:**

**Board Approved Full-Time**

- Administrative     Faculty 174-day     Faculty 201-day     Office Staff     Professional     Technical  
 Service (Facilities/Mailroom/Print Shop/Food Service/Bookstore Sales)     Temporary Full-Time (end date \_\_\_\_\_)

**Part-Time (check one)**

- Non-Student or  Student (more than 6 credit hours)

**Part-Time also check if applicable:**

- Seasonal     Temporary (end date \_\_\_\_\_)

**SECTION 3 (Part-Time)**

New Employee     Continuing Employee    Is this person working elsewhere on campus? If yes, where? \_\_\_\_\_

Hourly Pay Rate: \_\_\_\_\_ No. Hours Per Week: \_\_\_\_\_ Effective Dates: \_\_\_\_\_ to \_\_\_\_\_

**SECTION 4 (Termination)**

Last Day Worked: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**SECTION 5 (Must be completed prior to opening position)**

K.C.C. Funded     Grant Funded - If grant funded, name of grant: \_\_\_\_\_ Grant ends: \_\_\_\_\_

Budget Codes(s): \_\_\_\_\_ % \_\_\_\_\_ %

\_\_\_\_\_ % \_\_\_\_\_ %

**DEPARTMENT SIGNATURES**

INITIATOR: \_\_\_\_\_ DATE: \_\_\_\_\_ EXEC. DIR./VP: \_\_\_\_\_ DATE: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY HUMAN RESOURCES**

Paygrade: \_\_\_\_\_  Hourly or  Salaried    Entry Salary: \_\_\_\_\_ Hrly Wage: \_\_\_\_\_ Actual Salary: \_\_\_\_\_

Leave Code: \_\_\_\_\_ Level: \_\_\_\_\_ Step: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Board Approval Date: \_\_\_\_\_

Reclassification     Transfer     Reassignment     Other \_\_\_\_\_ POSD \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HUMAN RESOURCES: \_\_\_\_\_ DATE: \_\_\_\_\_ PRESIDENT.: \_\_\_\_\_ DATE: \_\_\_\_\_