SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

Office of Human Resources
3401 CSM Drive – San Mateo, CA 94402
Automated Service Line: (650) 574-6555
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CLASSIFIED PERSONNEL ACTION FORM

PART 1: This section to be completed for all Personnel Actions:

SKYLINE   CSM   CAÑADA   CHANC OFC   Today's Date:

G# (Do not use SSN)   Last Name   First Name   MI

Position/Suffix   Position Title   Organization #   Organization Title

PART II: Check below and complete the appropriate information pertaining to:

NEW EMPLOYMENT   REASSIGNMENT   RE-EMPLOYMENT   TRANSFER   LABOR DISTRIBUTION

OTHER (Reason):

Salary Schedule   Range   Step   Percent of Full-Time   Effective Date

Name of Previous Incumbent (if applicable)   List months not worked if less than 12 months a year

	Start Time	Lunch/Dinner	End Time	Total Hours
Monday		to		
Tuesday		to		
Wednesday		to		
Thursday		to		
Friday		to		
Saturday		to		
Sunday		to		

List Working Hours if other than Monday through Friday, 8AM to 4:30 PM

Department Required

Voluntary Schedule Change

Fund	Orgn	Acct	Prog	Pct	Grant Fund Name	Initial	Grant Expir. Date

TOTAL   (Must be 100%)

PART III: Check below and complete the appropriate information pertaining to:

RESIGNATION   RETIREMENT   TERMINATION – DISMISSAL   TERMINATON - LAYOFF

Last Working Day: Last Paid Date:

PART IV: Check below and complete the appropriate information pertaining to Leaves (over 30 days requires Board Approval) for leaves without pay:

LONG-TERM ILLNESS: PREGNANCY DISABILITY   PERSONAL BUSINESS

DETAIL- Replaced Name: Position#/Title:
Absence Due To: #Days on Detail Assignment:

Detail Dates:

OTHER (Explain):

Org. Administrator Signature/Department Designee   VPI/VPSS/Designee

Chancellor / College President   Budget Officer (VPAS, CBO or Designee)

CLASSIFIED PERSONNEL ACTION FORM

GUIDELINES FOR COMPLETION

(All information must be legible)

PART I: identifies the person for whom the personnel action is being processed. When moving from one position to another, the <u>new position</u> should be entered in this section.

- ◆ POSITION/SUFFIX: using Position Control Worksheets, enter the position number; "00" is the suffix number for all positions except detail. The suffix for detail action is "D0".

- ◆ POSITION TITLE: enter the title of the position, the organization #, and organization title.

PART II: identifies the personnel action for new and continuing employees.
(Use PART III for actions related to employees who are terminating employment.)

- ◆ NEW EMPLOYMENT: to initiate employment in a regular classified position.

- ◆ REASSIGNMENT: to move regular classified employees from one job title to another within the same site.

- ◆ RE-EMPLOYMENT: to initiate re-employment for a person who has been on the 39-month Priority Re-employment List.

- ◆ TRANSFER: to move regular classified employees from one site to another.

- ◆ LABOR DISTRIBUTION CHANGE: to indicate the account number(s) to be charged for this position. Type specific number(s) in the space provided at the bottom of PART II.

- ◆ OTHER CHANGE: to initiate and describe other actions for continuing employees other than those listed above.

- ◆ EFFECTIVE DATE: to indicate the start date of this action. If the workweek is OTHER THAN Monday through Friday 8:00 a.m. to 4:30 p.m., please type it in the spaces provided.

- ◆ FUND / ORGANIZATION / ACCOUNT / PROGRAM / PERCENTAGE: indicates the budget accounts to be charged for this salary and the percentage of the salary expense for each account. If external funds will pay for the salary, the title of the grant and its expiration date need to be entered here also. In all cases, 100% of the annual salary must be accounted for.

- ◆ ***For Restricted Funds Only*** Initial: Initial of the Fund/Grant Director

PART III: initiates the termination of employment of a regular classified employee.

- ◆ RESIGNATION: indicates that the employee has voluntarily resigned. ***Attach the employee and supervisor's statement form.***

- ◆ RETIREMENT: indicates that the employee is retiring. ***Employee and STRS or PERS form should accompany this document.***

- ◆ TERMINATION-DISMISSAL: indicates that the employee has been involuntarily terminated from District employment.

- ◆ TERMINATION-LAYOFF: indicates that the employee is being laid-off due to lack of work or lack of funds.

- ◆ LAST WORKING DAY: enter the date of the employee's last day present on the job.

- ◆ LAST PAID DAY: (Human Resources will enter date.) This date may be different from the last working day if the employee will receive vacation pay or other pay due.

PART IV: indicates personnel actions that involve temporary absences of 30 or more calendar days.

- ◆ LONG-TERM ILLNESS: indicates that the employee is absent due to illness. If the illness is work-related, type "Yes" in spaces provided.

- ◆ PREGNANCY DISABILITY: indicates a maternity-related absence.

- ◆ PERSONAL BUSINESS: indicates an approved absence requested by the employee.

- ◆ DETAIL: indicates a detail assignment. Type the name of person being replaced, the title of that position, the Banner position number for that position, the reason replacement is needed and the dates and total days of the detail assignment.

- ◆ OTHER: indicates here other temporary changes not listed above.

Approval

◆ *All PAFs: Name of immediate supervisor must be entered. This person evaluates employee.*

◆ *All PAFs: Require signatures of Org Administrator and the Budget Officer (VPAS, CBO, Designee).*

◆ *New Hire PAFs: Also requires the signature of the College President.*

Revised July 2022