



Personnel Action Form

Part-time Employee without Benefits

PAF Number:

<input type="checkbox"/> <i>New Hire</i>	<input type="checkbox"/> <i>Pay rate adjustment</i>
<input type="checkbox"/> <i>Stipend</i>	<input type="checkbox"/> <i>Resignation/Discharge</i>

Date:

Employee Name:

Extension:

Employee ID:

(Human Resources will generate for new employees.)

Employee is a student (at least half-time (6 credits or more): Yes No

Fund	Org	Account	Program Code	Activity	Encumbrance	Encumbrance Effective Date	Hours Per Week
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Position Title:

Brief Description of Duties:

Hourly Rate: \$

- EMPLOYMENT DATES -

- STIPENDS ONLY -

Start Date:

End Date:

Resignation/Discharge Date:

Pay Date:

APPROVAL SIGNATURES

DATE

Hiring Supervisor/Manager: _____

Vice President/Dean: _____

Grant Manager (if applicable): _____

VP of Human Resources: _____

ADMINISTRATIVE USE ONLY

Employee ID:

Record No:

Bargaining Unit

- MCCC
- Classified
- Non-Unit

Position No.:

Biweekly Salary: \$

Personal Data Form: W4 M4 I-9 OBRA CORI Application

Fiscal Review