



PERSONNEL ACTION FORM – PART TIME

RECOMMENDED ACTION: _____

EFFECTIVE DATE: _____ EXPIRATION DATE: _____ EMPLOYEE IS A STUDENT? (YES OR NO): _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

ADDRESS: _____ APT: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ MILITARY SERVICE (if yes, list dates): _____ EMP ID: _____

1. EDUCATION (MOST RECENT FIRST). THIS SECTION NOT REQUIRED FOR STUDENT EMPLOYEES

DEGREE/ CERTIFICATION	DISCIPLINE	YEAR ATTAINED	COLLEGE ATTENDED

2. EMPLOYMENT HISTORY (MOST RECENT JOB FIRST) THIS SECTION NOT REQUIRED FOR STUDENT EMPLOYEES

POSITION TITLE	START DATE	END DATE	EMPLOYER

POSITION TITLE: _____ SALARY: \$ _____ per hour

BUDGET ACCOUNT NUMBER: _____ MAXIMUM # OF HOURS PER WEEK: _____ FUNDS REQUIRED: \$ _____

GRANT NAME: _____ DATE GRANT EXPIRES: _____

DEPARTMENT/ DIVISION: _____ AREA: _____

EMPLOYEE CURRENTLY EMPLOYED AT ECC? SELECT ONE: _____ DEPARTMENT: _____

*** PLEASE ATTACH SUPPORTING DOCUMENTS TO THIS FORM ***

4. APPROVALS

1. DIRECTOR/ CHAIRPERSON (TYPE NAME)	SIGNATURE	DATE
2. AREA HEAD (TYPE NAME)	SIGNATURE	DATE
3. BUDGET Evans Wagnac	SIGNATURE	DATE
4. PRESIDENT Dr. Augustine A. Boakye	SIGNATURE	DATE
5. EXECUTIVE DIRECTOR OF HUMAN RESOURCES Shunda L. Williams	SIGNATURE	DATE

POSITION #: _____ ECLS: _____ BANNER ACTION CODE: _____