


SCC Office of Education – Education Personnel

EMPLOYEE ACTION FORM

Must check one: Conference Funded Locally Funded

	Employee's Full LEGAL Name: _____ <small style="display: flex; justify-content: space-around; width: 100%;"> Last Name First Name Middle Name </small>
	Work Location/School _____
	Contact Person: (Supervisor/Principal/Business Mgr.) _____
Select the action that applies and fill out section completely	Supervisor Email: _____ Supervisor Phone: _____ <small style="display: block; text-align: right;">Area Code & Number</small>

1. <input type="checkbox"/> HIRE A. <input type="checkbox"/> NEW EMPLOYEE B. <input type="checkbox"/> REHIRE Date LAST worked at SCC _____ (Within 1 yr of restart date) _____ Date Board Voted: _____ Effective Date: _____	PLEASE CHECK APPLICABLE WORK STATUS OPTION: <input type="checkbox"/> Full-Time Regular <input type="checkbox"/> Part-Time Regular <input type="checkbox"/> Substitute Teacher <input type="checkbox"/> Student <input type="checkbox"/> Temporary (Temporary is less than 3 months. Indicate end date _____) Assignment: <input type="checkbox"/> Teacher / Grade teaching: _____ <input type="checkbox"/> Teaching Principal <input type="checkbox"/> Full-time Principal <input type="checkbox"/> Other _____ PAY RATE: <input type="checkbox"/> % Remuneration: _____ % <input type="checkbox"/> Annual \$ _____ <input type="checkbox"/> Cola \$ _____ <input type="checkbox"/> 10 month / <input type="checkbox"/> 12 month Contract <input type="checkbox"/> Hourly \$ _____ per/hour <input type="checkbox"/> # hours per week _____ Administrative Budget \$ _____ per month (Principals Only) Credential: _____
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2. <input type="checkbox"/> CHANGE Effective Date: _____ If applicable: <input type="checkbox"/> KEEP previous position and ADD these changes	FILL IN ALL CURRENT INFORMATION <i>Do NOT leave blank!</i> Current Work Location _____ Current Position _____ Current Hours per week _____ Current Pay \$ _____ COLA _____ Credential: _____	FILL IN REQUESTED CHANGES <i>Do NOT leave blank!</i> New Work Location _____ New Position _____ New Hours per week _____ New Pay \$ _____ COLA _____ Credential: _____
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3. <input type="checkbox"/> SEPARATION Effective Date: _____	TYPE OF SEPARATION, select one: <input type="checkbox"/> Resignation (attach resignation letter) <input type="checkbox"/> Retirement <input type="checkbox"/> Lay-off/Reduction-in-force* (*Requires prior HR Auth.) <input type="checkbox"/> Dismissal (*Requires prior HR Auth.) <input type="checkbox"/> Transfer out of SCC _____ Position held: _____ Location leaving: _____ Forwarding Address: _____
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Authorized Signature: _____ Date: _____	Printed Name : _____ Title: _____
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FOR SCC OFFICE USE:

All Education Personnel: _____ Date: _____ HR initials _____

Required Signature of Vice President for Education (or designee)