

PERSONNEL ACTION TALLADEGA COLLEGE

Date: _____

Name: _____

 (Last) (First) (Middle) (Phone) (Home)
 (College Ext.)

Department: _____ Supervisor: _____ Title: _____

 Effective Date Of Action Job Title Social Security Number
 (Mo. Day Year)

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> Full-Year	<input type="checkbox"/> Promotion	<input type="checkbox"/> Resigned	<input type="checkbox"/> Military Leave
<input type="checkbox"/> Partial-Year	<input type="checkbox"/> Demotion	_____	From____ To____
<input type="checkbox"/> Regular Full-time	<input type="checkbox"/> Transfer	<input type="checkbox"/> Retired	<input type="checkbox"/> Leave Of Absence
<input type="checkbox"/> Temporary Full-time	<input type="checkbox"/> Name Change	<input type="checkbox"/> Disability Retirement	From____ To____
<input type="checkbox"/> Regular Part-time	<input type="checkbox"/> Full Time To Part Time	<input type="checkbox"/> Discharged	<input type="checkbox"/> Suspension
<input type="checkbox"/> Temporary	<input type="checkbox"/> Part Time To Full Time	<input type="checkbox"/> Probationary	From____ To____
<input type="checkbox"/> Introductory	<input type="checkbox"/> Other (See Remarks)	<input type="checkbox"/> Laid Off	<input type="checkbox"/> Disability Leave
<input type="checkbox"/> Grant	<input type="checkbox"/> Reason (Explain)	<input type="checkbox"/> Other(See Remarks)	From____ To____
<input type="checkbox"/> Replacement		<input type="checkbox"/> Reason (Explain)	<input type="checkbox"/> Reinstatement
			From Separation

			<input type="checkbox"/> From Interruption

SOURCE OF FUNDS - ACCOUNT NUMBER	
Restricted	Unrestricted

SALARY INFORMATION

REMARKS: No Change In Salary
 Present Salary: \$ _____
 Change Salary To: \$ _____ Effective Date: _____

Supervisor's Signature _____ Date _____

Approved
 Disapproved
 Approving Authority Signature _____ Date _____

Grants Administrator Signature _____ Date _____

Controller Signature _____ Date _____

Sufficient Funds
 Insufficient Funds
 V.P. Business Office Signature _____ Date _____

President's Signature _____ Date _____

Personnel/HR Department Signature _____ Date _____