SHERMAN COLLEGE of STRAIGHT CHIROPRACTIC

REQUEST FOR PERSONNEL ACTION

NAME _____ Department _____ Date _____

SOCIAL SECURITY NO. _____ Present Position _____

Recommended Effective Date of Action _____

A. EMPLOYMENT

☐ New Employee
☐ Reinstated Employee

Job Title _____ Classification _____

☐ Full Time
☐ Part Time

☐ Employee At Base Salary
☐ Service Credit Requested*
☐ Education Credit Requested*

☐ Newly Created Position
☐ Replaces Terminated Employee
☐ Other (Explain)

Explanation and Comments:

Instructor — Number of Courses/Quarter _____

Acct. #	Annual Salary	Acct. #	Annual Salary	Acct. #	Annual Salary

B. SALARY CHANGE

☐ Promotion
☐ Demotion
☐ Salary Increase
☐ Position Change
☐ Transfer
☐ Deduction
☐ Other

New Job Title _____ New Classification _____

New Department _____ Number Years of Service _____

☐ Begin Deduction
☐ Stop Deduction

☐ Hospitalization Insurance
☐ Life Insurance

☐ In-Hospital Insurance
☐ Accident Insurance

Explanation and Comments:

Instructor - Number of Courses/Quarter _____

Acct#	Annual Salary

C. TERMINATION

☐ Resignation (with notice)
☐ Resignation (without notice)
☐ Dismissal
☐ Layoff
☐ Military Duty
☐ Other(Explain)

☐ Resignation Letter Attached
☐ Resignation Letter To Follow
☐ Would Rehire
☐ Would Not Rehire

COMPLETE FOR ALL TERMINATIONS	EXCELLENT	GOOD	FAIR	POOR
Quantity of Work				
Quality of Work				
Attitude				
Attendance				
Initiative				

Explanation and Comments:

D. LEAVE

☐ Leave of Absence
☐ Vacation
☐ Sick
☐ Military
☐ Other (Explain)

Dates: From _____ To _____

Leave Address

☐ No Pay Requested ☐ Request Regular Pay ☐ Request Vacation Pay

Explanation and Comments:

E. VERIFICATION BY PERSONNEL OFFICE

☐ Budgeted Position
☐ Position Vacancy
☐ Longevity Increase Due
☐ Service Credit Documented
☐ Education Credit Documented
☐ Approval Recommended

F. FINAL ACTION

☐ Approved
☐ Disapproved

	DATE		DATE
	DATE	BUSINESS OFFICE	DATE
	DATE	PRESIDENT	DATE

Explanation and Comments:

*Attach letter of justification, certificate, or diploma as appropriate

_____
SIGNATURE AND TITLE OF ORIGINATOR

TO BE RETAINED AS A PERMANENT RECORD IN EMPLOYEE'S FILE

#1 WHITE - PERSONNEL FILE #2 CANARY - PAYROLL #3 PINK - DEPARTMENT HEAD #4 GOLD - EMPLOYEE