

PERSONNEL FORM 310
INSTRUCTIONS/EXPLANATIONS

PLEASE TYPE. This form becomes a permanent part of the Personnel File and conveys vital information regarding personnel changes to Human Resources/Payroll, the Business Office and in the case of appointed positions, the Board of Regents. It is important that this form be neat and legible.

All personnel actions fall under one of the following three types:

1. **EMPLOYMENT** – To show the beginning of employment at Amarillo College.
2. **CHANGE OF STATUS** – To show any change occurring during the period of employment at Amarillo College.
3. **RETIREMENT/RESIGNATION/TERMINATION** – To show the end of employment at Amarillo College.

This form is divided into three major sections corresponding to the above three types of action. After providing the basic information at the top of the form, skip down to the section corresponding to the "Type of Action" you checked and complete applicable portions of that section only. If additional space is needed, use the "Remarks" section.

The following items require some explanation:

PLACEMENT ON SALARY SCALE

For **ADMINISTRATORS** give pay level and quartile.

For **FACULTY** give degree and plus hours, step, and any other factors involved, such as division or department head status.

For **SUPPLEMENTAL FACULTY** nothing is needed here.

For **CLASSIFIED** give grade.

SALARY - For **ADMINISTRATORS** give annual salary.

For **FACULTY** give 9-month base salary, extra pay for time worked beyond the 9 months, pay for rank (if any), pay for division or department head status (if any), and the total salary.

For **SUPPLEMENTAL FACULTY** give load hour or clock hour rate.

For **CLASSIFIED (Exempt)** give monthly rate and (Non-exempt) give hourly and monthly rates.

ETHNIC GROUP – In accordance with Federal Government regulations, please indicate whether White, Black, Hispanic, American Indian or Asian.

PART-TIME (% Time) – Percent time for Classified employees is obtained by dividing the number of hours per week the employee will work by 40. For example, if the employee will work 20 hours per week, the percent time will be 50% (20/40).

Percent time for faculty is shown as the fraction of the regulation 15 semester hour teaching load semester. For example, 9/15 for fall and 12/15 for spring for a total of 21/30.

POSITION NO. – Each administrative, classified and faculty position at AC is assigned an identifying number by the Human Resources Office. This number for administrative and classified positions appears as the last group of digits in the posting number at the top of the Position Vacancy Notice for that position when it is posted. For example, in the posting number 4-2-301501, the position number is 301501. If you are not sure what the position number is, just leave that line blank and the Human Resources Office will fill it in.

REHIRE – For rehired employees who have worked at AC before as supplemental instructors, it is not necessary to list the courses they have taught. Just state that they were supplemental and give the dates.

STIPENDS – For stipends complete the stipend section. In the stipend amount show the total of the stipend. Mark if this is an ongoing or temporary stipend and if temporary the number of months this stipend is to be spread. You must state the reason for the stipend.

AMARILLO COLLEGE

Personnel Form 310

TYPE OF ACTION:

EMPLOYMENT

CHANGE OF STATUS

RETIREMENT/RESIGNATION/TERMINATION

EFFECTIVE DATE(S):

BEGINNING: _____

*** ENDING:** _____

* Part-time faculty and all temporary appointments automatically terminate at the end of the fiscal year (Aug. 31) unless an earlier ending date is given. An ending date is necessary for all student employees.

TYPE OF EMPLOYEE

ADMINISTRATIVE

CLASSIFIED

Exempt (Paid by Month)

Non-exempt (Paid by Hour)

FACULTY

SUPPLEMENTAL INSTRUCTOR

Paid by Load Hour Paid by Clock Hour

STUDENT

NAME: _____

Last Name First Name Middle Name

DATE: _____ **SOCIAL SECURITY NO** _____

ADDRESS: _____

Number and Street

_____ **PHONE NUMBER*** _____

City, State, Zip Code

DEPARTMENT: _____ **ACCOUNT NUMBER:** _____

EMPLOYMENT

NEW HIRE (Has never worked at AC) REINSTATEMENT (Returning from Leave of Absence) BOARD-APPOINTED (Continuing Temporary) NON-APPOINTED

REHIRE (Give date(s) and position(s) of previous employment at AC)

_____ **NO. OF MONTHS' ASSIGNMENT** _____ FULL-TIME PART-TIME (% time) _____

_____ **POSITION/RANK:** _____

_____ **POSITION NO.:** _____

_____ **PLACEMENT ON SALARY SCALE:** _____

_____ **SALARY \$** _____

NEW POSITION

REPLACEMENT (for whom?) _____

Provide the following information on all new employees, all employees returning after a years absence or longer, and all returning employees whose marital status has changed since leaving AC:

_____ **Date of Birth** _____ **Ethnic Group** _____ **Sex** _____ **Place of Birth** _____ **Citizenship** _____ **Marital Status** _____ **Name of Spouse** _____

CHANGE OF STATUS

Job Reclassification Promotion/Transfer Salary Adjustment Leave Of Absence Other _____

CHANGE FROM CHANGE TO

_____ **POSITION NO** _____ **POSITION NO.** _____

_____ **POSITION/RANK:** _____ **POSITION/RANK:** _____

_____ **PLACEMENT ON SALARY SCALE:** _____ **PLACEMENT ON SALARY SCALE:** _____

_____ **SALARY \$** _____ **SALARY \$** _____

_____ **NO. OF MONTHS' ASSIGNMENT** _____ FULL-TIME PART-TIME (% time) _____ **NO. OF MONTHS' ASSIGNMENT** _____ FULL-TIME PART-TIME (% time) _____

STIPENDS

_____ **POSITION NO** _____ **STIPEND AMOUNT:** _____

STIPEND: CONTINUOUS TEMPORARY _____ **# OF TEMPORARY MONTH'S STIPEND IS PAID OVER** _____

REASON FOR STIPEND: _____

RETIREMENT/RESIGNATION/TERMINATION

RETIREMENT (Attach notice of retirement)

RESIGNATION (Attach letter of resignation)

Reason given: _____

TERMINATION

Eligible for Rehire YES NO (Documentation must be provided)

_____ **POSITION/RANK:** _____

_____ **POSITION NO:** _____

_____ **NO. OF MONTHS' ASSIGNMENT:** _____ FULL-TIME PART-TIME (% time) _____

_____ **PLACEMENT ON SALARY SCALE:** _____

_____ **SALARY: \$** _____

REMARKS

RECOMMENDATIONS/APPROVALS

DEPARTMENT HEAD OR SUPERVISOR _____	BUSINESS OFFICE _____
DATE _____	DATE _____
DIVISION HEAD _____	PRESIDENT _____
DATE _____	DATE _____
VICE PRESIDENT/ DEAN _____	
DATE _____	
PERSONNEL OFFICE _____	APPROVED BY THE BOARD OF REGENTS ON: _____
DATE _____	DATE _____

FOR PERSONNEL USE ONLY

FOR BOARD AGENDA (Education & Experience): ELIGIBLE FOR TRS ORP

ACCOUNT CHARGES

FUNDS (ARE) (ARE NOT) AVAILABLE
