

Personnel Action Form

(Employment Contract)

<input type="checkbox"/> New Position <input type="checkbox"/> Replacement	New Mexico Tech is an Affirmative Action/Equal Opportunity Institution <input type="checkbox"/> New Hire <input type="checkbox"/> Promotion <input type="checkbox"/> Title Change <input type="checkbox"/> Payroll Changes <input type="checkbox"/> Rehire <input type="checkbox"/> Transfer <input type="checkbox"/> Status Changes <input type="checkbox"/> Termination	Effective Date of this Action Banner ID Number
Employee Last Name First Name Middle Initial		Social Security Number

Complete the sections that Apply

*To be completed by Human Resources

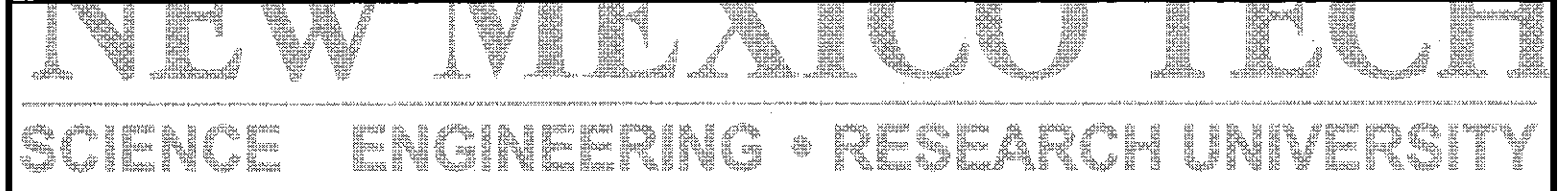
Street		City	State	Zip	Telephone Number				
		Home:		Office:					
Birth Date	Mo/Day/Yr	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Single	Ethnic Code*	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried	<input type="checkbox"/> P Regular	<input type="checkbox"/> Temporary <input type="checkbox"/> Emergency	End Date
Position Title		Supervisor			Position #				
Division		Department			Section				
Faculty <input type="checkbox"/> Yes <input type="checkbox"/> No	Contract Length?	Tenure <input type="checkbox"/> Yes <input type="checkbox"/> No Tenure Date		<input type="checkbox"/> Regular <input type="checkbox"/> Adjunct	<input type="checkbox"/> Emeritus <input type="checkbox"/> Visiting	Education Level*	VISA Type*	Country Code*	FTE

Emergency Contact		Last Name	First Name	Address	Telephone Number	Relationship
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Payroll Distribution

Index/Fund	Account Code	Annualized Salary	Fringe*	%	
Annual Leave* <input type="checkbox"/> Yes <input type="checkbox"/> No	Sick Leave* <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Salary (Prof. Staff)	Hourly Rate (Support Staff)	Worker's Comp. Code* <input type="checkbox"/> 90 <input type="checkbox"/> 50 <input type="checkbox"/> 20	Retirement* Eligible For <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Alt

Leave of Absence	<input type="checkbox"/> Medical	<input type="checkbox"/> Personal	<input type="checkbox"/> Military	<input type="checkbox"/> Sabbatical	<input type="checkbox"/> Maternity	Expected Date of Return
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Reason for Separation	SUPERVISOR'S RATING		
	Above Avg.	Average	Below Avg.
	Work Ability		
	Attendance Conduct		
Would Rehire?	<input type="checkbox"/> Yes <input type="checkbox"/> No, explain		

Remarks	Termination /Layoff/Discharge <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary
	Banner Codes:

Employee Class	Position Number	EEO Class	Pay Grade
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Signatures	Vice President, Hiring Division	Date
Employee/P.I.	Human Resources	Date
Supervisor/Dept. Chairman	Affirmative Action	Date
Budget Analysis (Budget Verification)/Sponsored Projects	Vice President, Admin & Finance	Date
Division Director	President	Date