

# SKIDMORE

C O L L E G E

## UNION PERSONNEL ACTION FORM

Name:	Date:	Complete Section I, II, or III
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### I. New Appointments

Job Title:	Effective Date:	Department:		
Status: Full-Time Regular Full-Time Temporary Part-Time Regular Part-Time Temporary Permit (on call)	New Position?  Y      N	Replacement?  Y      N	For Whom?	
Account Number: _____ Rate: _____				

### II. Change in Status

Effective Date:	Old Title:	New Title:	Old Department:	New Department:
Status: Full-Time Regular Full-Time Temporary Part-Time Regular Part-Time Temporary Permit (on call)	New Position?  Y      N		Replacement?  Y      N	For Whom?
Account Number: _____ Rate: _____				

### III. Termination of Employment

Effective Date:	Job Title:	Department:
Termination Reason:		
<input type="checkbox"/> End of Position <input type="checkbox"/> Resigned <input type="checkbox"/> Retired <input type="checkbox"/> Discharged <input type="checkbox"/> Other		
Recommend/Rehire? Y      N	Reason:	
Notes:		
Supervisor's Signature _____ Date _____		