

WESTERN IOWA TECH COMMUNITY COLLEGE PERSONNEL ACTION FORM APPOINTMENT

Effective Date: _____ Through _____ ID# _____
(Date or Indefinite)

Name _____ Position Title _____
Last First Initial

Address _____ Home Phone _____

ACTION: New Appointment TYPE: Instructor TERM: 2-Semester
 Reinstatement Prof./Admin. 3-Semester
POSITION: New Position Support 12-Month
 Existing Position _____ _____

Previous Incumbent: _____ Full-Time Part-Time Limited Part-Time Temp

Charge to Budget Code _____

FLSA: Exempt Non-exempt % APPT: _____ Hours Per Week: _____

Birthdate: _____ Sex: Male Female

U.S. Citizen Yes No If no, Visa or Work Permit: _____

Race: _____ Highest Educational Level: _____

Race determined by: Visual Observation Major Field: _____
 Direct Inquiry College/Univ.: _____
 Personnel Records State: _____ Year Graduated: _____

Salary Rate: (Annual) \$ _____ (Monthly/Hourly) \$ _____ Grade/Level _____ Step _____

Factors included in salary: _____ Special Conditions: _____

Shift Differential: _____

2nd Shift _____
 3rd Shift _____

BENEFITS AND PAYROLL DEDUCTIONS

HEALTH: Single Family Waived Not Eligible **LTD:** Covered Not Covered
LIFE INS.: Instructor Administration Support Waived Not Eligible
DENTAL INS.: Single Family Waived Not Eligible **DEP. LIFE:** Yes No
SUPP. LIFE: \$ _____ Emp. \$ _____ Spouse \$ _____ Family Waived Not Eligible
VACATION SCHEDULE: Instructor Prof./Admin. Support **RETIREMENT:** Covered Not Covered
OTHER: _____

Date	Department Chair/Manager	Date	President/Vice President/Director
Date	Supervisor	Date	Executive Director of Human Resources
Date Approved by Board of Directors _____		Date	Employee

DISTRIBUTION: White: Personnel File Canary: Employee's Supervisor Pink: Payroll Goldenrod: Employee