New Song Personnel Action Form					
Name: Last	First	Middle		Effective Date	
Position:		Department/Budget Acct	.#:	Campus:	
☐ Hiring	Replacing:			Start Date:	
Emp. Status:	New Hire Re-Hire	Exempt Non-Exempt		Full Time Part Time Temporary	
Licensed	Ordained	Scheduled hrs. per week Housing	: Allowance		
Pay Rate:	\$ Hourly (Nor	n-Exempt) <u>\$</u>	_Monthly (Exer	mpt Only)	
☐ Changes	Reason for change:				
From: Pay Rate: Pay Rate: Pay Rate: Campus: Dept.: Position:	Per Hr. (Noing the state of the		Pay Rate:	\$ \$ T	_Per Hr. (Non-Exempt) _Monthly (Exempt)
One-Time Salary Adjustment \$(Explain in Comments Section Below)					n Below)
Leave of Absence Place On: Return From: (*A Physician)	Effective:		_,	is required when	Education  _(estimate if necessary) employee returns)  al LOA)
☐ <b>Termination</b> Reason for Termin ☐ End of Temporary Ass	ation: Resigna		<del>-</del>	ccrued PTO due: Layoff Avail. for Rehire	
Comments:					
Supervisor: Executive Staff: Human Resources: Payroll:		Internal Use Onl	V	Date: Date: Date: Date:	
Medical Coverage Cell Phone Allotment Licensed Minister Opted out of SS?	ESP EC EC Yes Yes Yes	EF No No No	Disability Ins	wance request.	Yes No