

**WESTERN TEXAS COLLEGE  
EQUAL OPPORTUNITY INSTITUTION  
PERSONNEL ACTION FORM**

Date: \_\_\_\_\_ SS# \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Following is needed for reporting purposes only and is not used as a criterion for employment.

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

From: \_\_\_\_\_ Date: \_\_\_\_\_

(1) Immediate Supervisor/DC \_\_\_\_\_ Date: \_\_\_\_\_

(2) Affirmative Action/Human Resources \_\_\_\_\_ Date: \_\_\_\_\_

(3) President \_\_\_\_\_ Date: \_\_\_\_\_

Job Title \_\_\_\_\_ Department \_\_\_\_\_

Grade/Level/Degree \_\_\_\_\_ Salary \_\_\_\_\_

Salary Account No. \_\_\_\_\_ Date of Employment \_\_\_\_\_

Full Time Employees                      9-months                      10-months                      12-months

Employee would like for checks to be issued in \_\_\_\_\_ monthly increments.

	<b>Part-time</b>	<b>Temporary</b>
Starting Date	_____	_____

Ending Date	_____	_____
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REASON FOR THIS ACTION: Hired: \_\_\_\_\_ Re-hired: \_\_\_\_\_

Probation: Yes No How long? \_\_\_\_\_ Probation Ended: Yes No Date: \_\_\_\_\_

Promotion \_\_\_\_\_ Transfer \_\_\_\_\_

Re-evaluation of existing Job \_\_\_\_\_ Resignation \_\_\_\_\_

Discharge/Termination: (Give reason below)

Additional Information:

FOR PAYROLL USE: W-4 \_\_\_\_\_ I-9 W/Supporting Doc. \_\_\_\_\_ Approved by Payroll \_\_\_\_\_

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_