

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:		
End of Position Resigned Retired Discharged Other		
Recommend/Rehire? Y N	Reason:	
Notes:		
Supervisor's Signature _____ Date _____		