Warren Wilson College
Personnel Action Form

NAME_____ EFFECTIVE DATE_____

DEPARTMENT_____ JOB TITLE_____

Faculty( ) Staff( ) Volunteer( ) Full-Time( ) Part-Time( ) Temporary( )

Salary Change Recommendation

( ) New Hire
( ) Transfer
New Dept. _____

Job Title _____
( ) Promoted
Job Title _____

( ) Pay Rate _____

Leave Information

( ) Study Leave ( ) Leave Without Pay
( ) Paid ( ) Unpaid

( ) Family Medical Leave
(explain in comments section)

Amount of Time_____

Date(s)_____

Housing Information

( ) moving off campus ( ) moving on campus ( ) moving to new campus house
New Telephone Number_____

New Address _____

_____

Separation (to be completed by the supervisor)

Voluntary

( ) Personal ( ) Other Job
( ) Dissatisfied ( ) Retirement
( ) Further Education ( ) Other

Last Date Worked _____

Involuntary

( ) Probation ( ) Misconduct
( ) Work Performance ( ) Other

Notice Given? By College ( ) By Employee ( )
How Much? _____

College Property Returned _____

Recommended for rehire? Yes ( ) No ( )
(If no, explain in comments section)

Any annual leave due? Yes ( ) No ( )
If yes, how many days? _____

Comments:_____

_____

_____

_____
Supervisor Date

_____
VP-Business Date

_____
President Date

_____
Director- Human Resources Date

Revised 8/29/08