SKIDMORE
COLLEGE

UNION
PERSONNEL ACTION FORM

Name:	Date:	Complete Section I, II, or III

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_____