



NEW EMPLOYEE:  YES  NO

FISCAL YEAR: \_\_\_\_\_

### Personnel Payroll Action (Form 6)

This form is mandatory when requesting to employ temporary/short-term or student personnel to perform short-term projects and not for performance of routine duties. In addition, this form is to employ substitutes to temporarily replace a classified employee who is absent from duty. All short-term, substitute, regular employee, temporary faculty, student worker and federal work-study positions must signed by an Executive Manager. In addition all short-term, substitute, regular employee, temporary faculty must receive Board approval prior to the start of work.

SCC ID # \_\_\_\_\_

<b>*Classified:</b>	<input type="checkbox"/> Short-term Seasonal (135 days max)
	<input type="checkbox"/> Short-term Periodic (105 days max)
	<input type="checkbox"/> Short-term Project (150 days max)
	<input type="checkbox"/> Substitute (60 days max, extensions require approval) Sub for: _____
	<input type="checkbox"/> Regular Employee (additional assignment)
<b>*Student:</b>	<input type="checkbox"/> Student Worker
	<input type="checkbox"/> Federal Work Study <input type="checkbox"/> Cal Works
<b>*Faculty:</b>	<input type="checkbox"/> Hourly Academic

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

JOB TITLE _____	DIVISION/DEPT. _____
START DATE _____	END DATE _____
RATE OF PAY _____	
# Hours per day _____	# Days per week _____
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Su	
Specify service required: _____	
FUNDING/GRANT NAME _____	
BUDGET DISTRIBUTION _____ %	_____ %
Timesheet approval by _____	
Budget Manager Signature Approval _____	
Executive Manager Signature Approval _____	

<b>**FISCAL AUTHORIZATION**</b>		
<input type="checkbox"/> Budget Code(s) approved	Approved by _____	Date _____

<b>**HUMAN RESOURCES AUTHORIZATION**</b>		
Board Agenda Date _____	Hourly Rate _____	Position # _____
TB _____	Livescan _____	I-9 Docs _____
HR Approval _____	Retirement _____	Date _____