



**NON-CREDIT
REQUEST FOR PERSONNEL ACTION**
(For use with non-credit instructors only)

***FOR ALL TRANSFERS PLEASE INCLUDE THE FORMER DEPARTMENT QUAL IN THE EXPLANATION SECTION (D) BELOW**

(A) GENERAL DESCRIPTION

Name:							MDID (SSN if new hire):
Job Title:							Job Class Code:
Operating Title:							Grant: Yes No
Department Name:							Pay Grade:
Telephone Extension:							
State Org Number	Qual 1	Loc	GLC	Position #	No Position #		

(B) EMPLOYMENT DESCRIPTION

ODYSSEY/TIME AND ATTENDANCE	ASTRA TIME AND ATTENDANCE
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Hourly Instructor (H1)	Non-Credit Instructor (P1)
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NON CREDIT INSTRUCTOR

G1 (\$25)	G2 (\$32)	G3 (\$42)	G4 (\$55)
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PAYCHECK DISTRIBUTION LOCATION	TIME/ATTENDANCE ROSTER LOCATION
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Campus	Qual1	(If different from Qual 1 in section A)
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(C) PAYMENT DESCRIPTION	EFFECTIVE DATES:
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Hourly Rate:	Start/Change:
	Termination/End Date:

(D) EXPLANATION: Termination must include reason. Select from code list below. Rate increase requests must include written justification with attached job description. Previous information for change must be included.

(E) ACTION AUTHORIZATION

Originator	Extension	Signature _____	Date _____
Chairperson	Extension	Signature _____	Date _____
School Director*	Extension	Signature _____	Date _____
Human Resources	Extension	Signature _____	Date _____

(F) HUMAN RESOURCES ONLY

Board Code ____	Date Audit ____	Date of Entry ____	*Signature authorization verifies that this individual meets the qualifications for this position. You are responsible for insuring person is qualified based on criteria.
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