Original: Human Resources

Human Resources Information Form

Employee's Name:	Identification Number:		
Position Title (as it appears on the *Organiz	zational Chart):		
Date of Employment (if new employee) or E	Effective Date (of status/rate Change):		
	Employee's Pay Rate		
Total amount to be paid as	Limployee 3 Fay Rate		
Total amount to be paid <u>or</u> Pay rate for employee:	OR Rate Change from	to	
Month(s) to be paid (Exempt Staff Tempora	ary only):		
Position Number:	Is this a change in position? Yes	s No	
FOAPL		(%)	
FOAPL		(%)	
FOAPL		(%)	
	Employee's Position Class		
(40) Assoc. Faculty/Exempt Staff (Temp)	(55) PT Exempt Staff (Part Benefits)	(71) PT Hourly Staff (No Benefits)	
(45) <1/2 Exempt Staff	(60) FT Hourly Staff	(75) PT Hourly Staff (Temp)	
(50) FT Exempt Staff	(61) FT Hourly < 12 Mos.		
(51) FT Exempt-Less Than 12 Months	(70) PT Hourly Staff (Part Benefits)		
If in a part-time, Non Temp, Employee Po	osition Class, indicate number of hours	worked per year	
	Comments		
Comments:			
	Supervisor Signatures		
(Employee)	(Date)	(Supervisor-Required)	(Date)
		(Supervisor - Optional)	(Date)
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Changes to the form approved by the President and legal counsel on 7-23-03 / Update approved by President 5-11-07/ Update by HR 3/27/19

Typed by:

^{*}The College's Organizational Chart is located on Barton's external web site under Directories.