CENTRAL TEXAS COLLEGE

Campus and Work Location

PERSONNEL STATUS FORM

(This is not an employment contract.)

Date

I.
Name: _____

Last | First | Middle | Date of Birth | SSN | Colleague ID #

_____

Department Name | Position Title | Employee Class Code | GL Department Number | Position Code

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II. Complete this section for **New Employees**: Number of hours worked weekly _____

(1) Effective date of employment _____

(2) Rate of pay _____ ☐ per hour ☐ per year ☐ per course

(3) Personnel Requisition number _____

(4) If employee is a new employee, give name of person replaced _____

(5) Has person previously been employed by the College District? ☐ Yes ☐ No If Yes, which Institution _____

(6) Is employee current/previous member of ☐ TRS ☐ ORP

III. Complete this section for **Change of Status Employees**: Number of hours worked weekly _____

(1) Effective date of change _____ Institution transferred from _____

(2) Old rate of pay _____ ☐ per hour ☐ per year ☐ per course

(3) New rate of pay _____ ☐ per hour ☐ per year ☐ per course

(4) Date of employment or last pay increase _____

(5) Personnel Requisition number _____

(6) _____

Department Name | Position Title | Employee Class Code | GL Department Number | Position Code

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IV. For all **new and change of status employees** (initial next to each):

____ A. I understand that CTCD employees are "at will" and employment can be terminated by either CTCD or the employee with or without notice and with or without cause, unless an employment agreement is applicable and signed accordingly.

____ B. I hereby acknowledge that mandatory participation in the Qualified Pension Plan or the Supplemental Pension Plan is a condition of employment.

____ C. I hereby certify that I have been familiarized with pay and overtime provisions, working conditions, employee benefits, insurance, EEO/SHP training requirement and other policies regarding employment.

V. Complete this section for **Termination of Employment**:

(1) Effective date _____ (2) _____

Reason for Termination of Employment

(3) Employee will be paid a lump sum payment for _____ hours of accrued vacation. Payroll verification _____

(4) Mailing address if final pay check is to be mailed _____

VI. Approved by: (Date and Initial)

Supervisor/ Manager	Dean/Director	Executive Officer (if applicable)	Chancellor (if applicable)	Budget Management	Director Employment Services

_____ Typed Name and Signature of Immediate Supervisor

_____ Signature of Employee

CTCD Form 28 (Rev.9/09) **Copy 1** - Human Resources **Copy 2** - Employee **Copy 3** - Supervisor **Copy 4** - Originator

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