

COMPLETING THE PAS

Non-Academic Non-Classified Personnel Action Sheet

Submit this form, with appropriate signatures, to the Administrative Services/Business Office. ALL employees cleared to work by Human Resources.

1. Employee Name		2. Employee ID		3. Officer Code (see limitations below)	

4. Position Title	5. Effective Date	6. Job End Date	7. FTE	8. Standard Hours / Week

9. Department Code	10. Business Unit	11. Location	12. Reports To	13. Reports To Position#	14. GL Account #	15. Distribution %

16. Assignment Effective Date (175 days) _____

17. Assignment End Date (175 days) _____

18. Signature of Supervisor _____ Date _____

19. Signature of Dean/Manager _____ Date _____

20. Signature of Employee _____ Date _____

21. Signature of Employee _____ Date _____

PLEASE REMEMBER: EMPLOYEES WHO DO NOT CORRECTLY SUBMIT THEIR TIME BY THE CAMPUS PAYROLL SUBMISSION DATE WILL NOT RECEIVE A PAYCHECK ON THE 15TH OF THEIR FOLLOWING MONTH.

- Employee name
- Employee ID if known
- Select Officer Code from pull down menu (i.e. Short Term, Student FT SDCCD, Substitute)

*Officer Code (see limitations below):

(Select Officer Code)

(Select Officer Code)

L Personal Services Contract

M Professional Expert

O Short Term Board Certified

P Substitute up to 175 days

Q Substitute up to 50 days

R Student FT - Non-SDCCD

S Student FT - SDCCD

T Student - Work Experience

U Work Study - CalWorks

V Work Study - Federal

- Select Reason from pull down menu (Either New or Rehire only)

*Officer Code (see limitations below):

(Select Officer Code)

*Reason:

(Select Reason)

New

Rehire

Change Job Code

Change Department

- Assignment Effective Date – May change based on cleared to work date
- Job End Date – Based on assignment/assignment type, generally 12/31 or 6/30, cannot cross fiscal years
- FTE – cannot exceed .625 (ERP only exception). If working in two areas total FTE cannot exceed .625
- Standard Hours – list max hours per week, cannot exceed hours relative to FTE listed
- Position Title – Must be the exact classification title on the NANCE Salary Schedule
- Hourly Pay Rate – Please refer to the current NANCE Salary Schedule
- Please list the department the NANCE will be working in
- Business Unit – MIRO1
- Location - Miramar
- Reports To – Name of Supervisor or Manager, cannot be Faculty or staff
- Reports To Position# - leave blank if you do not know the supervisor's position number
- GL Account # - List the Budget number, must be a valid budget number with available funds, if a grant or restricted GL, the manager of the budget must initial
- Distribution – 100% if one budget number is listed, otherwise indicate % to charge each GL to
- Check assignment type – unless Student or Work Study
- Signature of Supervisor
- Signature of Dean/Manager
- This section is to be completed by the employee, signed and dated