

Personnel Action Form

Check an option that applies: New hire Change Resignation Termination

School Name. 5`Vi ei Yfei Y`GW cc``cZ9I WY`YbWY

Effective Date _____

Employee Information *(employee may complete this section)*

First name		M.I.	Last name		SSN
Birth date	Gender: (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity: (check one) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White <input type="checkbox"/> Other
Street address			Mailing address (if different)		
City	State	ZIP	E-mail	Home phone	
Emergency contact name		Emergency contact address			Emergency contact phone
Is employee licensed with the NM state department of education? <input type="checkbox"/> Teacher certified <input type="checkbox"/> Other certified <input type="checkbox"/> Not certified					

Teacher Payment Plan *(employee may complete this section)*

Teacher payment plan (check one):	<input checked="" type="checkbox"/> 26 Pay / 12 Pay	<input type="checkbox"/> 10 month employee	<input type="checkbox"/> 12 month employee			
Licensure Level:	Years Experience:	Degree +Add'l Hrs.	<input type="checkbox"/> Bachelors	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctorate	___ Add'l Hrs.

Enroll Insurance Remove Insurance

Benefit (check all that apply)	Amount per Paycheck		Benefit (check all that apply)	Amount per Paycheck	
	Employee	Employer		Employee	Employer
<input type="checkbox"/> Medical - Blue Cross - High			<input type="checkbox"/> Vision		
<input type="checkbox"/> Medical - Blue Cross - Low			<input type="checkbox"/> Basic Life	\$0.00	\$4.00
<input type="checkbox"/> Medical - Presbyterian-High			<input type="checkbox"/> Voluntary Life		
<input type="checkbox"/> Medical - Presbyterian-Low			<input type="checkbox"/> Long Term Disability		
<input type="checkbox"/> Dental - High Option			<input type="checkbox"/> Other:		
<input type="checkbox"/> Dental - Low Option					

Retirement *(employee may complete this section)*

If you qualify to participate in the New Mexico Educational Retirement Board system, please check one of the following:

- I **will contribute** to the retirement system and have not yet retired under the New Mexico ERB retirement system
 Temporary status - no retirement withheld

Employee Tax Information *(this section to be completed by school office staff)*

Federal Withholdings				State Withholdings	
Withholding status (check one): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withholding at a higher Single rate				<input type="checkbox"/> Check only if exempt from New Mexico state withholding tax	
Number of allowances	Additional amount to withhold	<input type="checkbox"/> Check only if exempt from Federal withholding tax			

Employee Payroll Information *(this section to be completed by school office staff)*

Hire date	Employee type: (check one) <input type="checkbox"/> Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Daily		Job title		Begin date	End date
	FTE	Hourly rate	Paid days per year	Daily rate \$ / Day	Prorated salary \$	Annualized salary \$
Stipend <input type="checkbox"/>	Purpose		Paid days per year	Hourly / Daily rate \$ /	Prorated Amount \$	Annualized Amount \$

Employee signature

Date

Administrator signature

Date

Acct. Code: _____