

**Bevill State Community College
Personnel Request/Change of Status**

Change of Status	New Hire	Rehire
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Last	First	Middle	Employee Number (Social Security No. for New Hire)
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Account Number: _____ Position: _____

Contract Beginning Date: _____ Contract Ending Date: _____

Rate of Remuneration: \$ _____ X Credit Hours _____ = \$ _____

\$ _____ X Clock Hours _____ = \$ _____

Salary Schedule _____ Rank _____ Step _____ = \$ _____

If change of status, specify change and justification: _____

Complete This Section for New Hire or Rehire

Address	City	St/Zip	Cell number
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Ethnic Origin _____ Sex: M ___ F ___ Date of Birth _____
Mo./Day/Year

Disability _____ Highest Degree _____

Approval for Hire or Change of Status

Signed: _____ Date: _____
Supervisor

Signed: _____ Date: _____
Administrative Head/Dean

Signed: _____ Date: _____
Vice President

_____ Date: _____
President

Comments for use by HR/Payroll