SISSETON WAHPETON COLLEGE

P.O. Box 689
Agency Village, SD 57262

HUMAN RESOURCES ACTION FORM

Name:	**Date:**
Social Security Number:	**Date of Birth:**

Action Taken:

☐ New Hire	☐ Suspension	☐ Temporary
☐ Transfer	☐ Termination	☐ Term
☐ Promotion	☐ Lay-Off	☐ Resignation
☐ Demotion	☐ Other	

OLD POSITION	NEW POSITION
Title:	**Title:**
Grant:	**Grant:**
Department:	**Department:**
Classification: ☐ Exempt ☐ Non-Exempt	**Status:** ☐ Full time ☐ Part-time

Salary/Wage Information

Rate of Pay:	**Effective Date:**

Explanation for Action

Print | Save | Reset Form

Employee Signature:	**Date:**
Supervisor's Signature:	**Date:**

☐ **Approved**	☐ **Denied**
President's Signature:	**Date:**
Human Resources Signature:	**Date:**

Approved October 23, 2003. This form supercedes any previous forms.