



# EMPLOYEE STATUS

HUMAN RESOURCES • NORTH CENTRAL TEXAS COLLEGE • 1525 W. CALIFORNIA • GAINESVILLE, TX 76240 • 940/668-4245

Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

Department/Division \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Budget Acct. #'s \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ %

Phone ( ) \_\_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ %

Contract Length \_\_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ %

Job Title \_\_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ %

Pay Grade \_\_\_\_\_

Rate of Pay  Annual \_\_\_\_\_  Hourly \_\_\_\_\_  Load Unit \_\_\_\_\_

Other \_\_\_\_\_  
(specify)

## ACTION

New Employee  FMLA  Status Change \_\_\_\_\_  
(specify)

Re-employed  Separation  Other \_\_\_\_\_  
(specify)

Full time  
 Part time

Faculty Group \_\_\_\_\_ Step \_\_\_\_\_  
 Non-Faculty

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## MEDICAL LEAVE REQUEST

Requested beginning date \_\_\_\_/\_\_\_\_/\_\_\_\_ Projected ending date \_\_\_\_/\_\_\_\_/\_\_\_\_

Earned Sick Hours to be taken concurrently \_\_\_\_\_

Reason for Request \_\_\_\_\_

## APPROVALS

Requested By \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Dept. Chair \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Dean \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

VP \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Human Resources \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

President \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_