



Central New Mexico
Community College

HR _____

PR _____

Personnel Data Form
(New Hire, Change of Status)

EMPLOYEE NAME:	_____	EMPLOYEE CNM ID #:	_____
HOME DEPARTMENT:	_____		
Check Applicable:	<input type="checkbox"/> JOB (NEW HIRE)	<input type="checkbox"/> JOB (RE-HIRE)	<input type="checkbox"/> JOB (STATUS CHANGE) CODE: _____
	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	
	<input type="checkbox"/> REGULAR	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> CASUAL
	<input type="checkbox"/> EXTENDED LEAVE	<input type="checkbox"/> NAME CHANGE	<input type="checkbox"/> OTHER _____

IS THIS PERSON AN APPROVER FOR TIMESHEETS? IF YES, LIST NAME, CNM ID & POSITION NUMBER FOR EACH EMPLOYEE	<input type="checkbox"/> YES (See attached approver list from department/school.) <input type="checkbox"/> NO _____
LIST NAME, CNM ID & POSITION NUMBER FOR THIS EMPLOYEE'S TIMESHEET APPROVER	_____
LIST NAME, CNM ID & POSITION NUMBER FOR THIS EMPLOYEE'S SUPERVISOR	_____

COST ACCOUNT:	_____	PERSONAL LEAVE AMOUNT:	_____
POS. CLASS CODE/GRADE/TABLE:	_____	EMPLOYEE CLASS:	_____
ANNUAL SALARY:	_____	HOURLY SALARY:	_____

EFFECTIVE DATE(S):	_____
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CHANGE OF STATUS FROM:	_____
NEW POSITION TITLE:	_____
POSITION NUMBER:	_____

NOTES: _____

RETIREMENT	Exempt From Retirement	Enroll	Change	Cancel	CODE
(ERA or Alternative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

PREPARED BY:	_____	DATE:	9-Jun-14
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