

**Emmaus Bible College  
Employee Action Form  
(NOT to be used for Student Employees)**

**Action Being Taken – check one**

- New Hire
- Change of Position/Department/Status
- Change of Salary/Hourly rate
- Termination of Employment

**Position Information – check only if new hire or change of position or status**

- Faculty (benefited position)
- Part-time Faculty (non-benefited position)
- Adjunct Faculty
  
- Full time Salaried (Exempt) Staff (12 month/40 hours per week) (benefited position)
- Academic Year Salaried (Exempt) Staff (10 months/40 hours per week) (benefited position)
- Full time Hourly Staff – 40 hours per week (benefited position)
- Full time Hourly Staff – 37.5 hours per week (benefited position)
- Full time Hourly Staff – 35 hours per week (benefited position)
  
- Part time Hourly Staff – 27 to 29 hours per week (partially benefited position)
- Part time Hourly Staff – less than 27 hours per week (non-benefited position)
  
- Other (please explain: \_\_\_\_\_)

Start/Change/Termination Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee I.D. # \_\_\_\_\_

Employee Address: \_\_\_\_\_

Employee Phone # \_\_\_\_\_ Personal Email Address: \_\_\_\_\_

(New) Department: \_\_\_\_\_ (New) Position: \_\_\_\_\_

(New) Annual Salary: \$ \_\_\_\_\_ (exempt) or Per Hour Rate \$ \_\_\_\_\_ (hourly)

Notes:

Supervisor/Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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*For Payroll Use Only*

Department # \_\_\_\_\_ Job # \_\_\_\_\_ Employee Type: \_\_\_\_\_ TC \_\_\_\_\_ HK \_\_\_\_\_

Federal W4  Iowa W4  Illinois W4 Illinois Residents only  I-9

Health/Dental/Vision/Life/Disability Start Date (if applicable) \_\_\_\_\_ Sick Days for current year \_\_\_\_\_

Holiday Pay Start Date (if applicable) \_\_\_\_\_ Floating Holiday eligible for current year Y N