

Southwestern Community College  
**Staff Part-Time Employee**  
Documentation Submittal, Position Approval, and Salary/Wage Change

Employee Name \_\_\_\_\_

Colleague ID # \_\_\_\_\_

**Required Paperwork**

Employment Application

I-9 Form

Drug Free Workplace Compliance Form

Criminal Background Investigation Form

W-4 Federal Withholding Form

NC4 State Withholding Form

Policies and Procedures Acknowledgement

Employee Emergency Notification Form

Safety and Emergency Response Acknowledgement

Technology Services User Authorization Form

*In addition, employee needs to be informed to have official transcripts sent to HR*

**Information Required for Colleague Position Code Assignment or Salary/Wages Change**

Requestor: \_\_\_\_\_

Date: \_\_\_\_\_

Start Date of Contract: \_\_\_\_\_

Budget Code(s): \_\_\_\_\_

\_\_\_\_\_ Percentage

\_\_\_\_\_

\_\_\_\_\_ Percentage

Position Code, if known: \_\_\_\_\_

Class Title: \_\_\_\_\_

Current Salary/Wage: \_\_\_\_\_

Requested Salary/Wage: \_\_\_\_\_

**If Change**, effective date: \_\_\_\_\_

**Supervisory Approval**

Supervisor of Requestor: \_\_\_\_\_

Date: \_\_\_\_\_