

Employee Change Form

EMPLOYEE INFORMATION

Name	_____	Address	_____
Employee ID	_____	City, St, Zip	_____
Email Address	_____	Phone	_____
Effective Date	_____	Cell Phone	_____

ACTION REQUESTED

New Hire

Rehire

Transfer/Promotion

2nd On-Campus Position

(Requires current Vice President approval)

Voluntary Termination

Involuntary Termination

Reason _____

CLASSIFICATION

Employee Type

Full-Time Staff (001)
Full-Time Faculty (002)
Part-Time Faculty (003)
Part-Time Staff (004)
Student (005)
Volunteer

Job Classification

Exempt (Salaried)

Non-Exempt (Hourly)

CHANGES REQUESTED

Current Information

New Information

Job Title

Dept Name

Budget Acct #

Pay Rate

For lump sum payments provide total hours worked:

Timecard Approver

NOTES

AUTHORIZATION (TWO LEVELS OF SIGNATURE REQUIRED)

Supervisor _____ Date _____

Print Name _____

Next Level Supervisor _____ Date _____

Print Name _____

Current Supervisor _____ Date _____

(only required for 2nd On-Campus position)