



EMPLOYEE CHANGE FORM

Employee's Name: _____ **Requested Effective Date:** _____

Check if Salary Increase **Identify Salary Funding Source:** _____

Justification for this request must be attached. Attach current job description, if applicable.

Check as applicable	From	To
<input type="checkbox"/> Title		
<input type="checkbox"/> Department		
<input type="checkbox"/> Reporting To / Manager		
<input type="checkbox"/> Annual Salary or Hourly Rate*	\$	\$
<input type="checkbox"/> Stipend Request	\$	\$
<input type="checkbox"/> Classification (Faculty, AO, AE, Service Staff, Part-time, Full-time)		
<input type="checkbox"/> # Weekly Authorized Hours	Hours/week:	Hours/week:
<input type="checkbox"/> # Weeks Per Year**	Weeks/year:	Weeks/year:
<input type="checkbox"/> # Months Per Year (9, 10, 11, 12)	Months/year:	Months/year:

*If there is a change in compensation, funding source must be clearly identified
**If part-time, exclude three weeks of holiday and other recess time from this number

Reason for Change(s)	
<input type="checkbox"/> Promotion	<input type="checkbox"/> Hired from Temporary to Regular Status
<input type="checkbox"/> Re-evaluation of Position	<input type="checkbox"/> Transfer
<input type="checkbox"/> Other (please explain):	

Required Approvals/Signatures			
Email form to Human Resources after Manager and Vice President signatures are obtained			
Manager	Date	Vice President	Date
Director of Human Resources	Date	Budget Manager	Date
Chief Financial Officer	Date	Chief Operating Officer	Date
	President		Date

For HR Use Only		
<input type="checkbox"/> Manager Notified of Final Approval	<input type="checkbox"/> Saved in HR Database	<input type="checkbox"/> ADP Updated
<input type="checkbox"/> Processed by Payroll (if applicable)	<input type="checkbox"/> Colleague Updated	ADP Dept # _____
		ADP Company Code # _____

Justification