



## 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*	\$	\$
<input type="checkbox"/> Hourly Rate*	\$	\$
<input type="checkbox"/> Classification (Faculty, AO, AE, Service Staff)		
<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			
<i>Return form to Human Resources after Manager and Vice President signatures are obtained</i>			
Manager Signature	Print Name	Tel Ext.	Date
Vice President Signature	Print Name	Tel Ext.	Date
Director of Budgeting	Date	Director of Human Resources	Date
Chief Financial Officer	Date	President	Date

For HR Use Only		
<input type="checkbox"/> Manager Notified of Final Approval	<input type="checkbox"/> Scanned into HR Database	<input type="checkbox"/> ADP Updated
<input type="checkbox"/> Processed by Payroll (if applicable)	<input type="checkbox"/> Online Directory Updated	ADP Dept # _____
		ADP Job Code # _____

## Justification