49ER SHOPS
at the beach

Personnel Change Notice (PCN)

The PCN is used for all personnel changes within the organization.
Please reference the new Employee Separation Form for all employee terminations.

Employee Information

Last Name, First Name	Employee ADP File #	Current Department #

Employment Change

Effective Date (<u>Must</u> be the 1st day of a new pay period)	

☐ Transfer ☐ Promotion ☐ Demotion ☐ Reclassification ☐ Merit Increase
☐ Other (REQUIRES explanation in Remarks section below)

Please fill out ALL fields for this request. Incomplete requests will not be processed.

Current Information			New Information		
Department #:			Department #:		
Position:			Position:		
Rate:		☐ hourly ☐ salaried	Rate:		☐ hourly ☐ salaried

☐ Full-time Hourly ☐ Full-time Salaried ☐ Part-time Regular (Non-Student Employee) ☐ Student (Traditional, Matriculated Student Employee) ☐ Student Temporary (6 month grace period, no longer a student)*	☐ Full-time Hourly ☐ Full-time Salaried ☐ Part-time Regular (Non-Student Employee) ☐ Student (Traditional, Matriculated Student Employee) ☐ Student Temporary (6 month grace period, no longer a student)*

*Student Temporary are student employees who have graduated or are no longer matriculated CSULB students. They are classified as "temporary" for the duration of the 6 month grace period they are given when they are no longer CSULB student employees.

Remarks   (Please attach additional documentation as needed).

I understand and certify that the foregoing personnel data is correct and accept the employment change or separation/termination terms specified.

Employee Signature:		Date:	
Manager Signature:		Date:	
Director Signature:		Date:	
HR Director Signature:		Date:	

HR Director signature is required for all Full-Time staff changes.

Human Resources Department to complete below

Date received by HR			
PCN change processed in ADP by:		Date Completed:	