

EMPLOYEE INFORMATION

LAST NAME, FIRST NAME

EMPLOYEE ADP FILE #

DEPARTMENT #

EMPLOYMENT CHANGE

Effective Date (Must be the 1st day of a new pay period) :

- Transfer
 Promotion
 Demotion
 Reclassification
 Merit Increase
 Other (Requires explanation in the Comments section below)

CURRENT INFORMATION

Department #:

Position:

Pay Rate:

Hourly Salaried

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

NEW INFORMATION

Department #:

Position:

Pay Rate:

Hourly Salaried

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

Comments:

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

Employee Signature : _____

Date : _____

Employee Signature is required for all requests, except when HR is processing corporate wide changes.

Manager Signature : _____

Date : _____

Director Signature : _____

Date : _____

HR Director Signature : _____

Date : _____

HR Director signature is required for all full-time staff changes.

HUMAN RESOURCES REPRESENTATIVE TO COMPLETE BELOW THIS LINE

ENTERED IN ADP BY: _____

DATE: _____