

<b>Employee/Employment Change Request</b>			
Reference Number 14.00 Forms	Board Approval 10/2006	Effective Date 11/01/2015	Page 1 of 1

Changes are not automatically approved and must be reviewed by the administration before the change can be processed. This form is used to transfer, promote, or change a position. To change a position, the manager/director must (1) complete this form (2) attach an updated job description and organizational chart (3) obtain the necessary signatures (4) return the completed form, job description, and organizational chart to the Human Resources Office.

**Date of Request:** \_\_\_\_\_ **Employee Name:** \_\_\_\_\_

**Type Change:**    \_\_\_ Reclassification    \_\_\_ New Title    \_\_\_ Transfer    \_\_\_ Promote  
                          \_\_\_ New Position    \_\_\_ Replacement (Who): \_\_\_\_\_

Salary Increase: \_\_\_ Yes    \_\_\_ No                      Stipend: \_\_\_ Yes    \_\_\_ No

**Current Information:**

Position Title: \_\_\_\_\_ Current Salary: \_\_\_\_\_  
(If hourly, enter hourly rate)

Department Name: \_\_\_\_\_ Funding Source/Acct. Number: \_\_\_\_\_

Employment Type:

- |                                  |                                    |   |
|----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Staff   | <input type="checkbox"/> Full-time | <input type="checkbox"/> Other, Please describe |
| <input type="checkbox"/> Faculty | <input type="checkbox"/> Part-time | _____   |
|                                  | <input type="checkbox"/> Temporary | _____   |

Number of months worked per year:    \_\_\_12    \_\_\_11    \_\_\_10    \_\_\_09    \_\_\_Other: \_\_\_\_\_

Number of hours worked per week:    \_\_\_40    \_\_\_30    \_\_\_20    \_\_\_<19    \_\_\_Other: \_\_\_\_\_

**New Information:**

Position Title: \_\_\_\_\_ Proposed Salary/Stipend: \_\_\_\_\_  
(If hourly, enter hourly rate)

Proposed Start Date: \_\_\_\_\_ Ending Date (If applicable): \_\_\_\_\_

Department Name: \_\_\_\_\_ Funding Source/Acct. Number: \_\_\_\_\_

Employment Type:

- |                                  |                                    |   |
|----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Staff   | <input type="checkbox"/> Full-time | <input type="checkbox"/> Other, Please describe |
| <input type="checkbox"/> Faculty | <input type="checkbox"/> Part-time | _____   |
|                                  | <input type="checkbox"/> Temporary | _____   |

Number of months to be worked per year:    \_\_\_12    \_\_\_11    \_\_\_10    \_\_\_09    \_\_\_Other: \_\_\_\_\_

Number of hours to be worked per week:    \_\_\_40    \_\_\_30    \_\_\_20    \_\_\_<19    \_\_\_Other: \_\_\_\_\_

Justification for Change (Provide brief justification): \_\_\_\_\_

**Approvals:**

VP/Cabinet Member: \_\_\_\_\_ Date: \_\_\_\_\_

VP/CFO: \_\_\_\_\_ Date: \_\_\_\_\_

President:    \_\_\_ Approved                      \_\_\_ Denied                      \_\_\_ Hold

President: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_