Employee/Employment Change Request

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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 (3) return the completed form, job description, to the Human Resources Office.**

Date of Request: _____ **Employee Name:** _____

Type Change: _____ Reclassification _____ New Title _____ Transfer _____ Promote _____ New Position
_____ Additional Duties _____ Other (Explain): _____

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: ❑ Staff ❑ Full-time ❑ Temporary
❑ Faculty ❑ Part-time ❑ Other, Please describe

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: ❑ Staff ❑ Full-time ❑ Temporary
❑ Faculty ❑ Part-time ❑ Other, Please describe

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):** _____

Originator: _____ _____ _____
Print Name Signature Date

Approvals:

VP/Cabinet Member: _____ Date: _____
****Note: VP sign on reverse side for advertising budget commitment**

Chief HR Officer: _____ Date: _____

VP/CFO: _____ Date: _____

President: _____ Approved _____ Denied _____ Hold

President: _____ Date: _____

Letter produced by HR: _____ Date: _____

Print Form Reset Form