Employee/Employment Change Request

Reference Number	Board Approval	Effective Date	Page
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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, org chart and advertisement (3) return the completed form, and all other required documentation to the Human Resources Office.**

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

Type Change: _____ Reclassification _____ New Title _____ Transfer _____ Promote _____ New Position _____ Additional Duties

Salary Increase: _____ Yes _____ No Stipend: _____ Yes _____ No

Current Information:

Position Title: _____ Department Name: _____

Employment Type: Funding Source/Acct. Number: _____

❑ Staff ❑ Full-time ❑ Temporary
❑ Faculty ❑ Part-time ❑ Other

Number of months worked per year: ___12 ___11 ___10 ___09 ___Other: _____

Number of hours worked per week: ___40 ___30 ___20 ___<19 ___Other: _____

New Information:

Current Salary/ Hourly Rate: $_____
(If hourly, enter hourly rate)

Position Title: _____

Proposed Salary/Hourly Rate:$_____
(If hourly, enter hourly rate)

Proposed Start Date: _____

Department Name: _____

Employment Type:
❑ Staff ❑ Full-time ❑ Temporary
❑ Faculty ❑ Part-time

Proposed Stipend: $_____
Ending Date (If applicable): _____
Funding Source/Acct. Number: _____

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: _____

Controller: _____ Date: _____
****Controller approving funding source/account number**

VP/CFO: _____ Date:_____

President: _____ Approved _____ Denied _____ Hold

President: _____ Date: _____

Letter produced by HR: _____ Date: _____

Original to Human Resources Department Revised 08/12/2020

Print Form Reset Form