

Employee Change Form—Job Change

Effective Date: _____

Department #: _____

Last Name: _____

First Name: _____

Employee ID number: _____

Type (select one): _____

Old Pay Rate: \$ _____

G/L Code, Salary: _____

New Pay Rate: \$ _____ or

G/L Code, Benefits: _____

% Increase: % _____

G/L Code, Taxes: _____

Type (select one): _____

Position Information (fill in);

Office Location (select one): _____ New Department: _____

New Title: _____ New Manager: _____

List Direct Reports (if applicable):

Status (check one):

Regular: Full Time, with benefits (30+ hrs/wk)

Regular: Part Time, without benefits (<30 hrs/wk)

Estimated hours per week (Part time employees only) _____

Classification (check one):

Salaried (Exempt)

Hourly (Non-Exempt)

Comments:

Approval Signatures: I authorize the above request.

Initiator: _____ Date: _____

Manager: _____ Date: _____

VP of Department: _____ Date: _____

HR Coordinator: _____ Date: _____

HRIS Manager: _____ Date: _____

*Please note job changes should be effective the first Monday of the payroll cycle.

Salary change processed for check date : _____ (HRIS Manager to complete)