



Employment/Personnel Change Form

Employee Information

First Name:	MI:	Last Name:	ID#:
Change Effective Date:		Is this change temporary? If so, please indicate the end date of this change:	

Type of change being requested

Please fill out any information that is affected by this change:

Account being charged to	Fund: Org: Acct: Prog:
Campus address/phone number	Address: Phone:
Employment status (number of hours)	Hours per week: Weeks per year:
Job title/position	
Performance development supervisor	
Salary All salary changes must be approved by Melani McGuire prior to submission.	Salary/Hourly Rate: \$ OR Other (please provide detail):
Supervisor	
Web time entry approver	
Other/Comments	Please provide additional information:

Approvals

Department Head Signature	Date:
AVP of HR Signature	Date: