

EMPLOYEE NAME: _____ EMP ID _____

DEPARTMENT: _____ EFFECTIVE DATE: _____

Check the appropriate box and fill in the information below. **Must be fully signed off for changes to take effect.**

- New Hire (circle) Permanent / Provisional Adjustment Promotion Classification/Status
- Termination Leave of absence Other Change Transfer

Explanation:

EMPLOYMENT CHANGES

Full Time Part Time Seasonal Status: Exempt Union Unit/ Number _____

New Department & Assigned Supervisor: _____

New Title: _____ New Wage Rate: _____ New Stipend: _____

Education: _____ Other: _____

Reason for Change: *If in a union, please cite the unit, as well as the corresponding section of CBA applicable.*

List out allocation of pay:

G/L Account number to Charge weekly _____ Desc: _____

G/L Account number to Charge weekly _____ Desc: _____

G/L Account number to Charge weekly _____ Desc: _____

SIGN OFFS

Department head: _____ Date: _____

Human Resources: _____ Date: _____

Auditing: _____ Date: _____

Mayor: _____ Date: _____

Payroll updated by: _____ Date: _____

Approved (Treasurer): _____ Date: _____