

Personnel Change Form

WC ID# _____

Effective Date: _____

Name: _____

(Proper Name Required – No Nicknames)

Please Select One:

DEPARTMENT TRANSFER

INTERDEPARTMENT CHANGE

CURRENT:

Position Code _____ Title _____

NEW:

Position Code _____ Title _____

Supervisor: _____ Supervisor's WC ID#: _____

Alternate Supervisor: _____ Alternate Supervisor's WC ID#: _____

STATUS CHANGE

CURRENT STATUS (Choose one from each column):

<input type="checkbox"/> Full-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Exempt (Salaried)	<input type="checkbox"/> 9 month	<input type="checkbox"/> 11 month	Scheduled hours per week: _____
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Regular	<input type="checkbox"/> Non-Exempt (Hourly)	<input type="checkbox"/> 10 month	<input type="checkbox"/> 12 month	

NEW STATUS (Choose one from each column):

<input type="checkbox"/> Full-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Exempt (Salaried)	<input type="checkbox"/> 9 month	<input type="checkbox"/> 11 month	Scheduled hours per week: _____
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Regular	<input type="checkbox"/> Non-Exempt (Hourly)	<input type="checkbox"/> 10 month	<input type="checkbox"/> 12 month	

POSITION FUNDING

Current Rate of Pay:

\$_____ Hourly Salary

New Rate of Pay:

\$_____ Hourly Salary

Funding Source(s): *Funding Sources must equal 100%*

_____ - _____ - _____ % _____
 _____ - _____ - _____ % _____

TERMINATION

Position Code: _____ Eligible For Rehire: YES NO

Authorization Signatures:

Supervisor: _____ Date: _____

Dept VP or Director: _____ Date: _____

Grant Manager (if applicable): _____ Date: _____

Budget Director/VP Finance: _____ Date: _____

Office of Human Resources: _____ Date: _____