Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check correct category**

\_\_\_ Regular \_\_\_ Grant

\_\_\_ Part-time \_\_\_ Seasonal

\_\_\_ Temporary \_\_\_ Instructor

Effective Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee I.D. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (M.I.)

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(#) (Street) (apt) (City) (State) (Zip) (County)

MAILING ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Leave blank if same as above)

ORGANIZATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Department name) (Project)

DATE OF EMPLOYMENT \_\_\_\_\_\_\_\_\_\_\_ RE-HIRE DATE \_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH ­­­­\_\_\_\_\_\_\_\_\_\_\_\_ PHONE# \_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Check for change of**  **\_\_\_**Name/Address/Zip Code  **\_\_\_** Telephone/Location  \_\_\_ Organization | Previous\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  New\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_ Appointment  \_\_\_ Re-hire | POSITION TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE \_\_\_\_\_\_\_\_\_  ANNUAL & HOURLY PAY RATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PREVIOUSLY EMPLOYED \_\_YES \_\_\_NO |
| \_\_RATE CHANGE  \_\_ FUND CHANGE  \_\_ TITLE CHANGE  \_\_ PROMOTION  \_\_ TRANSFER  \_\_ DEMOTION  \_\_ PT/TEMP to FULL-TIME | ORG NO. & DEPT. NAME from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  POSITION TITLE from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ANNUAL & HOURLY PAY RATE from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EXPLANATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Releasing Dept. Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (transfers only)  (forward to receiving department for approval below) |
| \_\_ RESIGNATION  \_\_ TERMINATION  \_\_ DECEASED  \_\_ RETIREMENT | POSITION TITLE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PENSION VESTED \_\_\_YES \_\_\_NO  ANNUAL & HOURLY PAY RATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_ AL DUE\_\_\_\_\_\_\_ COMP DUE \_\_\_\_\_\_  REASON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DID EMPLOYEE GIVE NOTICE? \_\_\_YES \_\_\_ NO How much notice? \_\_\_\_\_\_\_\_\_\_\_\_\_  WOULD YOU REHIRE? \_\_\_YES \_\_\_NO If no, explain? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**FOR HUMAN RESOURCES/PAYROLL USE ONLY:**

**EMPLOYEE# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PENSION DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INCUMBENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REVIEW DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (DEPARTMENT HEAD)

**EEOC FUNCTION\_\_\_\_\_\_\_\_\_\_ EEOC CATEGORY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CLASS CODE# \_\_\_\_\_\_\_\_\_\_\_\_ OVERTIME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (HUMAN RESOURCES DIRECTOR)

**PROBATION \_\_ YES \_\_ NO INSURANCE NOTIFIED \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LEAVE BENEFITS \_\_YES \_\_ NO OTHER RETIREMENT\_\_\_\_\_\_\_ FICA/MEDICARE\_\_\_\_\_\_\_** (FINANCE DIRECTOR)