

ALL FIELDS MUST BE COMPLETED

EFFECTIVE DATE	LAST NAME	FIRST NAME	MIDDLE INITIAL	EMPL ID#
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From			To		
Choose One: <input type="checkbox"/> Reg <input type="checkbox"/> Temp <input type="checkbox"/> Student			Choose One: <input type="checkbox"/> Reg <input type="checkbox"/> Temp <input type="checkbox"/> Student		
DEPT ID	DEPARTMENT NAME		DEPT ID	DEPARTMENT NAME	
POSITION NUMBER	REC #	JOB CODE	POSITION NUMBER	JOB CODE	
PAY RATE <input type="checkbox"/> Annual <input type="checkbox"/> Month <input type="checkbox"/> Hour		STANDARD HOURS	PAY RATE <input type="checkbox"/> Annual <input type="checkbox"/> Month <input type="checkbox"/> Hour		STANDARD HOURS
SUPERVISOR POS #	SUPERVISOR		SUPERVISOR POS #	SUPERVISOR	
FUNCTIONAL TITLE			FUNCTIONAL TITLE		
ADDITIONAL INFORMATION			ADDITIONAL INFORMATION		
HUMAN RESOURCES OFFICE USE ONLY			CRIMINAL HISTORY RECORDS CHECK <input type="checkbox"/> Yes <input type="checkbox"/> N/A Completed Date <input type="text"/>		
			NEW CAMPUS ADDRESS 1		
			ADDRESS 2		
			ADDRESS 3		
			CITY	STATE	ZIP
			NEW WORK PHONE NUMBER		

Dept Contact Name _____ Phone _____

Dept Contact Name _____ Phone _____

From Department Supervisor _____ Date _____

To Department Supervisor _____ Date _____

Dean/Director (if applicable) _____ Date _____

Student Finance _____ Date _____

Provost (if applicable) _____ Date _____