

PERSONNEL CHANGE FORM

EMPLOYMENT
 TERMINATE
 CHANGE

EMPLOYEE NAME		EMPLOYEE NUMBER	DEPARTMENT		
ADDRESS			CITY	STATE	ZIP
PHONE NUMBER (home)	PHONE NUMBER (alternate)		JOB TITLE		

EMPLOYMENT/ CHANGES	FULL TIME	PART-TIME	TEMPORARY
APPROVAL DATE	EFFECTIVE DATE	PAY RATE	
AVERAGE HOURS PER WEEK (this determines benefit status)		Budgeted Account Number	

TYPE OF CHANGE		
NEW HIRE		
POSTING/BUMPING/RECLASS - ATTACH ADMINISTRATION MINUTES		
LEAVE - TYPE AND DURATION		
OTHER - EXPLAIN		
VACATION BALANCE	SICK BALANCE	COMP/FLEX TIME BALANCE

TERMINATION		
LAST DAY WORKED	LAST DAY PAID	CONTINUE ON HEALTH INSURANCE
		YES <input type="checkbox"/> NO <input type="checkbox"/> LAST DATE OF COVERAGE
VACATION BALANCE	SICK BALANCE	COMP/FLEX TIME BALANCE
COMMENTS:		

APPROVAL SIGNATURES	
EMPLOYEE	DATE
SUPERVISOR	DATE
PERSONNEL	DATE