

BASIC INFORMATION

Employee Last Name _____ First _____ MI _____
 Effective Date: _____ Campus & Department Code: _____

*Dates for department transfers & changes from salaried<=>hourly will be day 1 of the pay period.

New Hire Rehire Status Change Position Change Pay Change Termination

NEW HIRE/ RE-HIRE

Street Address _____ City _____ State _____ Zip Code _____

Primary Email Address _____ Phone Number _____ Birthday _____ Social Security # _____

Emergency Contact Name _____ Relationship _____ Phone Number _____ Single Married
 Male Female

Job Title _____ Manager Name _____ Secondary Manager Name _____

Rate of Pay _____ Hourly Salaried

Full Time (30+ hrs) Part Time (24-29 hrs) Part Time NB Sick Only (<24 hrs) PRN Seasonal On Call
 F/T Anticipated Scheduled Hours: _____ Nursing 8/80?: Yes No

STATUS CHANGE

Full Time (30+ hrs) Part Time (24-29 hrs) Part Time NB Sick Only (<24 hrs) PRN Seasonal On Call
 F/T Anticipated Scheduled Hours: _____ Nursing 8/80?: Yes No

Eligible for Payout?: No PTO

Start Intermittent Leave of Absence Return from Leave of Absence: _____ Administrative Leave

POSITION CHANGE

From: _____
 Campus & Department Code Job Title Manager Name

To: _____
 Campus & Department Code Job Title Manager Name

PAY CHANGE

From: _____ Hourly Salaried To: _____ Hourly Salaried
 Rate of Pay Rate of Pay

Retroactive Pay: _____ Eligible for Payout?: No PTO

Reason: Merit Increase Promotion Transfer Market Adjustment Other: _____

TERMINATION

Voluntary Involuntary Last Date Worked: _____ Reason: _____

Eligible for Rehire?: Yes No Eligible for Payout?: No PTO *Note: Exempt employees are not eligible for pay out

Voluntary Resignation form submitted to HR

Employee: _____ Date _____ Director/ED: _____ Date _____

Manager: _____ Date _____ HR: _____ Date _____