

Hampshire College Human Resources Change Form (Faculty)

Please complete ALL data and forward to the Dean of Faculty Office for processing.

This document is confidential and should be treated accordingly.

Employee Data:

Name: _____
Last First Middle
Address: _____
Street City State Zip
Home Telephone Number: _____ Home E-mail: _____

Appointment Information: (please check all appropriate boxes)

Change in Salary Change in General Ledger Number Split GL Position (requires a form for each position) Transfer (TR)
 Additional Appointment Leave of Absence Sabbatical Promotion/Change in Title Reappointment Course Release

Start Date or Effective Date: _____ End Date: _____
(for changes, recording leaves) (record contract end date, end date of leave/sabbatical)

Leave Record: FMLA Leave of Absence (unpaid) Sabbatical (paid)
 Academic Year Fall Semester Spring Semester January Term Other _____

Rank: Dean – 61101 Professor – 61001 Associate Professor – 61001 Assistant Professor – 61001
 Visiting Professor – 61004 Visiting Associate Professor – 61004 Visiting Assistant Professor – 61004 Scholar/Post-Doc - 61009
 Adjunct Professor – 61006 Adjunct Associate Professor – 61006 Adjunct Assistant Professor – 61006 Adjunct Instructor – 61006
 Adjunct Examiner – 61006 January Term Instructor – 61006 Emeritus Professor – 61006 Non-Faculty Instructional - 61005

Position Title: _____
 Division III Chair Div III Member Division II Chair Div II Member Other _____

Salary/Budget Information:

Annual Salary: \$ _____ FTE: _____ TOTAL MONTHS IN EMPLOYMENT CYCLE: _____
Should match Current Salary *Should match Current FTE*

Funding Source: General Ledger Account Number: 80 0 90 0 _____

Department Fund Name/Grant Name: _____

Comments: _____

Faculty Exchange Program – if yes, please complete this section: Funding Source: 80 0 _____

Bill to: _____ Amount: \$ _____

Office Information (OFFI):

Building: _____ Office: _____ Ext: _____ Campus Mail Box: _____ Email: _____

Authorization – REQUIRED SIGNATURES*

School Dean Date VP for Academic Affairs & Dean of Faculty/
Associate Dean of Faculty Date Director For Finance and Accounting/
Vice President for Finance and Administration Date

For Dean of Faculty Office and Human Resources Only

Dean of Faculty Office Processing: Position Type/FTE/Salary (if changing used POSS screen)

Regular FTE (for position): _____ Regular Salary (PBDS) (for position): \$ _____
Current FTE (for person in position): _____ Current Salary (PWAG) (for person in position): \$ _____
Budgeted FTE (FTE currently budgeted): _____ Budgeted Salary (XPOS/PBDI) (amount currently budgeted): \$ _____

Human Resources Processing:

Position ID# _____ MP - Pay Cycle
Department Abbreviation Object Code(3 digit) Title Abbreviation Pay Class
XHRS: Medical FTE _____ Benefit Start Date _____ HR PROCESS DATE/INITIAL: _____