Hampshire College Human Resources Change Form (Non-Faculty)

Employee Data - Please complete **all** data for changes in status of current employee and forward to the human resources office.
MISSING DATA WILL DELAY PROCESSING

Name: _____
Last First Middle

Start Date or Effective Date *(for changes)* _____ **End Date** *(if other than regular status)*_____

Position Title: _____

Classification: ❑ Administrator - 61**101** ❑ Staff - 61**201** ❑ Intern - 61**303** ❑ Casual – 61**401** ❑ Temporary - _____

Appointment Reason: *(please check all appropriate boxes)*

❑ Additional Appointment ❑ Demotion ❑ Split GL Position (requires a form for each position) ❑ ***Promotion** ❑ Re-Appointment
❑ Change in Title Only ❑ Transfer ❑ ***Change in Salary** ❑ Change in General Ledger Number
❑ Other/Comments _____ *(please indicate reason for change)*

Please indicate employee's current rate/salary – information required for promotions/adjustments/change in salary:

Hourly Rate: _____ ***(bi-weekly employee)*** ***Annual Salary:***_____ ***(monthly employee)***

FTE/Pay Grade/Work Schedule Data

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):**_____

FTE: *(Please check appropriate box if applicable. Should match current FTE)*

❑1.0 - Full Time ❑.50 - Half Time ❑.88 Full Time/10.5 mos. ❑.83 - Full Time/10 mos. ❑.75 - Full Time/9 mos. ❑.57 - 20 hrs./wk ❑ Other _____

Pay Grade: _____ **Hourly Rate**: _____ *(bi-weekly employee—rate x annual hours should match current salary)* **Annual Salary**:_____ *(monthly employee – should match current salary)*

Position Type: (*if applicable)* ❑12 month ❑10.5 month ❑10 month ❑9.5 month ❑ 9 month **Standard Dept. Work Week:** ❑35 ❑40 ❑Other____

Employee's Scheduled Hours: ❑35 ❑40 ❑ Other _____ **Employee's Daily Scheduled Hours**: _____ _____ _____ _____ _____ _____ _____
SUN MON TUES WED THUR FRI SAT

Employment Cycle: *(if position type is less than 12 months, indicate employment period)* _____ to _____

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

Department Fund Name or Grant Name and Department: _____

Office Information (OFFI)

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

Time Card Authorization – (as designated by the Business Office) ***Please print***

_____ _____
Supervisor Alternate Supervisor

Authorization – REQUIRED SIGNATURES

Signatures and **Dates** required from:

_____ _____ _____
Budget Manager/Supervisor Cabinet Member Director for Finance and Accounting/ Vice President for Finance and Administration

Human Resources Processing HR Recommendation: Pay Grade: Salary:

Position ID#_____ _____ ❑ EP ❑ MP
Department Abbreviation ***Object Code(3 digit)*** ***Title Abbreviation*** ***Pay Class*** ***Pay Cycle***

LEVS: ❑ ***VAC__*** ❑ ***PER__*** ❑ ***SIC__*** ***XHRS: Medical FTE_____ Benefit Start Date_____ HR PROCESS DATE/INITIAL:*** _____

This document is confidential and should be treated accordingly.

Distribution by HR: *Payroll HR/Benefits HR/Personnel File Budget Mgr/Supervisor*