

# Hampshire College Human Resources Change Form (Faculty)

FILE ONLY

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  Promotion/Change in Title  Reappointment  Course Release  FTE Change  
 Sabbatical - Fall  Spring  Leave of Absence - Fall  Spring  FMLA- Fall  Spring

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

- 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  Faculty Assoc - 61005  Sr. Faculty Assoc - 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 or Director of Budgets & Planning Date  
Associate VP of Academic Affairs 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): \_\_\_\_\_  
Close Vacated Position? YES  NO

## 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: \_\_\_\_\_ Close Vacated Position? Yes  No