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 – 61**101** ☐ Professor – 61**001** ☐ Associate Professor – 61**001** ☐ Assistant Professor – 61**001**

☐ Visiting Professor – 61**004** ☐ Visiting Associate Professor – 61**004** ☐ Visiting Assistant Professor – 61**004** ☐ Scholar/Post-Doc - 61**009**

☐ Adjunct Professor – 61**006** ☐ Adjunct Associate Professor – 61**006** ☐ Adjunct Assistant Professor – 61**006** ☐ Adjunct Instructor – 61**006**

☐ Adjunct Examiner – 61**006** ☐ January Term Instructor – 61**006** ☐ Emeritus Professor – 61**006** ☐ Faculty Assoc – 61**005** ☐ Sr. Faculty Assoc - 61**005**

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   Associate Vice President for F & A   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 P**O**SS 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 ☐

Distribution by HR: Payroll   HR/Benefits   HR/Personnel File   School Office   DOF *Faculty Change Form 6-2015*