

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 - 61101 Staff - 61201 Intern - 61303 Casual - 61401

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: _____ Annual Salary: _____
(bi-weekly employee) (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) PERFORMANCE EVALUATION SUPERVISOR _____

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: _____ Annual Salary: _____
(bi-weekly employee—rate x annual hours should match current 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 Date _____ Division Head Date _____ Dir. of Budgets & Planning Date _____

Human Resources Processing HR Recommendation: Pay Grade: _____ Salary: _____

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

Close Vacated Position? YES NO

LEVS: VAC PER SIC XHRS: Medical FTE _____ Benefit Start Date _____ HR PROCESS DATE/INITIAL: _____

This document is confidential and should be treated accordingly.