

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 _____ Associate VP for F & A _____ 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.

Distribution by HR: Payroll HR/Benefits HR/Personnel File Budget Mgr/Supervisor SOC _____
Staff Change Form 6-2015