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**

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)* **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 Strategic Budgeting & Analysis 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* _____