## 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: First Last 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: Annual Salary: Hourly Rate: (bi-weekly employee) (monthly employee) FTE/Pay Grade/Work Schedule Data Regular Salary (PBDS) (for position): Regular FTE (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 \_\_\_\_\_ Annual Salary: **Hourly Rate**: (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 \_\_\_\_\_ Department Fund Name or Grant Name and Department: Office Information (OFFI) Office: Ext: Campus Mail Box: Building: 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 Cabinet Member Controller Date Date Date Human Resources Processing HR Recommendation: Pay Grade: Salary: $\square$ EP $\square$ MP Position ID# Department Abbreviation Object Code(3 digit) Title Abbreviation Pay Class Pay Cycle Close Vacated Position? YES $\square$ NO $\square$ LEVS: VAC PER SIC XHRS: Medical FTE Benefit Start Date HR PROCESS DATE/INITIAL: This document is confidential and should be treated accordingly.

Change Form - Staff 4/2014

**Distribution by HR:** Payroll