



HEKTOEN HUMAN RESOURCES EMPLOYEE CHANGE FORM

*Dept:	*Supervisor:	*Supervisor Phone:
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EMPLOYEE INFORMATION (HR use only)

*Effective Date:	*First Name:	*Last Name:	Middle Initial:	Employee Number:
*Job Title:		Employee Status: <input type="checkbox"/> Active <input type="checkbox"/> On Leave <input type="checkbox"/> Terminated		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Exempt <input type="checkbox"/> Non Exempt <input type="checkbox"/> Union <input type="checkbox"/> Non Union

EMPLOYEE PAYROLL RECORD CHANGE EMPLOYEE PERSONAL RECORD CHANGE (HR use only)

<input type="checkbox"/> Next Performance Review _____ <input type="checkbox"/> Performance Appraisal and Development (PAD) Program <small>PAD is required annually (see website at www.hektoen.org for this form)</small> <input type="checkbox"/> FTE % Change from ____ to ____ <input type="checkbox"/> Job Title Change: _____ <input type="checkbox"/> Job Description required Check One: <input type="checkbox"/> New Institutional Base Salary \$ _____ (100%) <input type="checkbox"/> New Salary Requested \$ _____ <input type="checkbox"/> FTE% _____ <input type="checkbox"/> New Semi-monthly Rate (24 pay cycles)\$ _____ <input type="checkbox"/> New Hourly Rate \$____ <input type="checkbox"/> Retroactive to (dates) _____	*Reason Code (check as many as apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Merit Increase</td> <td><input type="checkbox"/> Project Change</td> </tr> <tr> <td><input type="checkbox"/> Salary Adjustment</td> <td><input type="checkbox"/> Promotion</td> </tr> <tr> <td><input type="checkbox"/> Transfer</td> <td><input type="checkbox"/> Rehired</td> </tr> <tr> <td><input type="checkbox"/> Demotion</td> <td><input type="checkbox"/> Ineligible for Health Insurance</td> </tr> <tr> <td><input type="checkbox"/> Dropped Insurance</td> <td><input type="checkbox"/> Eligible for Health Insurance</td> </tr> <tr> <td><input type="checkbox"/> COLA Increase</td> <td></td> </tr> </table>	<input type="checkbox"/> Merit Increase	<input type="checkbox"/> Project Change	<input type="checkbox"/> Salary Adjustment	<input type="checkbox"/> Promotion	<input type="checkbox"/> Transfer	<input type="checkbox"/> Rehired	<input type="checkbox"/> Demotion	<input type="checkbox"/> Ineligible for Health Insurance	<input type="checkbox"/> Dropped Insurance	<input type="checkbox"/> Eligible for Health Insurance	<input type="checkbox"/> COLA Increase	
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<input type="checkbox"/> COLA Increase													

Employee Previous Allocation (HR use only)

Grant Number	Hours	% of Salary	Allocated Pay Rate	Name of Grant	Start Date	End Date	Principal Investigator Signature

LABOR DISTRIBUTION

*Grant Number	*Hours	*% of Salary	*Allocated Pay Rate	*Name of Grant	*Start Date	*End Date	*Principal Investigator Signature

<p>This appointment is consistent with sponsored program terms and conditions and with Hektoen policies.</p> <p>_____ Administrator Signature Date</p> <p>_____ Director of Human Resources Signature Date</p>	<p style="background-color: yellow;">*Note-Required Fields</p> <p>_____ Director of Post Award Grants Signature Date</p> <p>_____ Controller Signature Date</p> <p>_____ Payroll Administrator Signature Date</p>	<p>HR USE ONLY</p> <p>Termination L/D of work: _____</p> <p>Exit Interview Date & Time: _____</p> <p> <input type="checkbox"/> Laid off <input type="checkbox"/> Repost Job <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Resigned <input type="checkbox"/> Deceased <input type="checkbox"/> Retired <input type="checkbox"/> Involuntary Termination </p> <hr/> <p>PAYROLL USE ONLY</p> <p>Pay Period End Date _____ Entered by _____</p>
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