

# 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:	Hired Date:
Job Title:	Employee Status: <b>Active</b>	<input type="checkbox"/> Full-Time <input type="checkbox"/> Exempt	<input type="checkbox"/> Union <input type="checkbox"/> Part-Time
		<input type="checkbox"/> Non Exempt <input type="checkbox"/> Non Union	

Next Performance Review: \_\_\_\_\_  
 Performance Appraisal and Development (PAD) Program **PAD is required annually** (see website at [www.hektoen.org](http://www.hektoen.org) for this form)

FTE % Change from \_\_\_\_\_ to \_\_\_\_\_  
 Job Title Change \_\_\_\_\_  Job Description required

**Check One:**

New Institutional Base Salary \$ \_\_\_\_\_ (100%)  
 New Salary Request \$ \_\_\_\_\_  FTE% \_\_\_\_\_  
 New Semi-monthly Rate (24 per cycles) \$ \_\_\_\_\_  
 Restroactive Date of \_\_\_\_\_  New Hourly Rate \$ \_\_\_\_\_

<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"/> Added to Insurance	<input type="checkbox"/> Ineligible for Health Ins
<input type="checkbox"/> Dropped Insurance	<input type="checkbox"/> Eligible for Health Ins
<input type="checkbox"/> COLA Increase	<input type="checkbox"/> Grant extended
<input type="checkbox"/> Grant Renewed	<input type="checkbox"/> Layoff
<input type="checkbox"/> Demotion	

Current Project Information				New Project Information				
Project(s)	Hrs.	FTE %	Allocated Pay Rate	Project(s)	FTE (%)	Effective Date	End Date	PI Signature
_____								

<p><b>This appointment is consistent with sponsored program terms and conditions and with Hektoen policies.</b></p> <p>_____ Administrator Signature Date</p> <p>_____ Human Resource Manager Signature Date</p>	<p>_____ Post Award Grant Coordinator Signature Date</p> <p>_____ Controller Signature Date</p> <p>_____ Payroll Manager Signature Date</p>	<p style="text-align: center;"><b>HR USE ONLY</b></p> <p>Termination L/D of work: _____</p> <p> <input type="checkbox"/> Laid Off    <input type="checkbox"/> Resigned  <input type="checkbox"/> Repost Job    <input type="checkbox"/> Involuntary Term  <input type="checkbox"/> Deceased    <input type="checkbox"/> Retired             </p> <hr/> <p style="text-align: center;"><b>PAYROLL USE ONLY</b></p> <p>Pay Period Date Entered on _____</p> <p>Entered by _____</p>
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