

Position/Rate Change

Employee Name _____ Date ____/____/____

Employee Number _____ Hire Date ____/____/____

EMPLOYEE INFORMATION	CURRENT Must be completed to process changes.	CHANGES	EFFECTIVE DATE
Department Name			
Reports to (Name)			
Cost Center			
Position			
Grade			
Status			
• Full-Time			
• Part-Time			
• Seasonal			
• Scheduled Days and Hours			
Wage			
• Hourly			
• Weekly			
• Biweekly			

REASON FOR CHANGE (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Annual Review-Rating | <input type="checkbox"/> Location Transfer |
| <input type="checkbox"/> Promotion (use for jobs that are an increase in grade level) | <input type="checkbox"/> Department Change |
| <input type="checkbox"/> Position Transfer (use for jobs that are a lateral or decrease in grade level) | <input type="checkbox"/> Other |

COMMENTS _____

Employee Signature _____ Date ____/____/____

APPROVALS

1st Level Supervisor _____ Date ____/____/____

2nd Level Supervisor _____ Date ____/____/____

Human Resource Department _____ Date ____/____/____