EER-Employee Action to Change/Transfer/Hire/Reappoint/Termination Information Sheet

Type of Request: Change   Transfer   New Hire   Reappoint   Termination

Hiring Department: _____   Funding Department: _____

Originator: _____   Date Created: _____   Desk Extension: _____

New Hire/ Employee Name: _____   T-number _____

Position Title _____   Position Number: _____   Grade: _____

Reports To (T#/Name/Position No): _____

Current Salary: _____   New Salary: _____   Hrs./Wk.: _____   FTE: _____

Exempt: _____   Non-Exempt: _____   Hourly Rate: _____

Job Effective Date: _____   Job End Date: _____

Web Supervisor: _____   T-Number: _____   Position Number: _____

Funding Type: ____ State   ____ Local   ____ Grant   ____ Title III

ACTION	FUND	ORGANIZATION	ACCOUNT	PROGRAM	ACTIVITY	FTE
Current						
Other						
Other						

Comments: _____

_____

APPROVALS:

Dean/Director/Department Chair Signature: _____   Date Signed: _____

VP Signature: _____   Date Signed: _____

Provost/EVP Signature: _____   Date Signed: _____

Budget/Grants/Title III Signature Signature: _____   Date Signed: _____

Human Resources Signature: _____   Date Signed: _____

HR USE ONLY

Job Reason Code: _____   Other (LNG, HAZP, Shift Diff, BRP): _____   ECL: _____

FZMTINS/TINS: _____   Transaction #: _____   Payroll ID: _____

Entered By: _____   Date: _____