



### Recommendation to Change / Transfer / Hire / Reappoint Information Sheet

Originator: \_\_\_\_\_ Date Created: \_\_\_\_\_ Desk Extension: \_\_\_\_\_

New Hire/ Employee Name: \_\_\_\_\_

T-Number: \_\_\_\_\_ Position Title: \_\_\_\_\_

Salary: \_\_\_\_\_ Position Number: \_\_\_\_\_

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

\_\_\_\_\_  
Budget/Grants/Title III Signature Date Signed

\_\_\_\_\_  
Human Resources Signature Date Signed

#### HR USE ONLY

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

FZMTINS/TINS: \_\_\_\_\_ Entered By: \_\_\_\_\_ Date: \_\_\_\_\_