



Request for Faculty/Staff Payroll Change

To: Office of Human Resources

Department: _____ Account Number: _____
 (Include all 10 digits)

Please process the following change(s): _____ Effective Date: _____

Faculty/Staff Member: _____ Social Security # _____

Reason for the Change(s): (Extra Help and Adjunct – complete DOB, Gender, and Ethnic)

- Extra Help DOB _____ Gender _____ Ethnic _____
 Adjunct

 Promotion Overload Summer Term I
 Transfer Length of Appointment Changed Summer Term II
 Research Grant Re-classification Retirement
 Merit Increase Resignation Termination
 Other
 Leave without pay (dates) _____ Total _____

| *Check all applicable boxes | From | To |
|--|------|----|
| <input type="checkbox"/> Department and Account Number | | |
| <input type="checkbox"/> Job Title | | |
| <input type="checkbox"/> Percent F.T.E. _____ | | |
| <input type="checkbox"/> Salary | | |
| <input type="checkbox"/> Other | | |

Explanation: _____

Approved:

 Department Chair/Director (Date)

 Dean (Date)

 Vice President (Date)

 President (Date)

| | |
|---------------------------------------|-----------------------------------|
| Payroll Officer Only: | Date Received _____ |
| Current Salary _____ | Adjustment _____ New Salary _____ |
| Copies: Human Resources Department | |
| Revised 09/14 | |