

# Personnel Change Form

WC ID# \_\_\_\_\_

Effective Date: \_\_\_\_\_

Name: \_\_\_\_\_

(Proper Name Required – No Nicknames)

**Please Select One:**

**DEPARTMENT TRANSFER**

**INTERDEPARTMENT CHANGE**

**CURRENT:**

Position Code \_\_\_\_\_ Title \_\_\_\_\_

**NEW:**

Position Code \_\_\_\_\_ Title \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor's WC ID#: \_\_\_\_\_

Alternate Supervisor: \_\_\_\_\_ Alternate Supervisor's WC ID#: \_\_\_\_\_

**STATUS CHANGE**

**CURRENT STATUS** (Choose one from each column):

<input type="checkbox"/> Full-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Exempt (Salaried)	<input type="checkbox"/> 9 month	<input type="checkbox"/> 11 month	Scheduled hours per week: _____
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Regular	<input type="checkbox"/> Non-Exempt (Hourly)	<input type="checkbox"/> 10 month	<input type="checkbox"/> 12 month	

**NEW STATUS** (Choose one from each column):

<input type="checkbox"/> Full-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Exempt (Salaried)	<input type="checkbox"/> 9 month	<input type="checkbox"/> 11 month	Scheduled hours per week: _____
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Regular	<input type="checkbox"/> Non-Exempt (Hourly)	<input type="checkbox"/> 10 month	<input type="checkbox"/> 12 month	

**POSITION FUNDING**

**Current Rate of Pay:**

\$ \_\_\_\_\_  Hourly  Salary

**New Rate of Pay:**

\$ \_\_\_\_\_  Hourly  Salary

Funding Source(s): *Funding Sources must equal 100%*

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ % \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ % \_\_\_\_\_

**TERMINATION**

Position Code: \_\_\_\_\_ Eligible For Rehire:  YES  NO

**Authorization Signatures:**

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Dept VP or Director: \_\_\_\_\_ Date: \_\_\_\_\_

Grant Manager (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Budget Director/VP Finance: \_\_\_\_\_ Date: \_\_\_\_\_

Office of Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_