

George Fox University Personnel Change Form

Employee Name (print) _____ ID _____ Effective Date _____

CHANGE REQUESTED (Check all that apply and complete corresponding sections below.)

- A. Salary/Job Change (use for any of the information listed below in section A.)
 B. Leave of Absence/Return from Leave
 C. Termination of Employment (Complete Current Information Column of Section A as well.)
 D. Other (explain below)

A. SALARY/JOB CHANGE (if promotion, attach justification) **ENTIRE SECTION MUST BE COMPLETED**

	CURRENT INFORMATION	REQUESTED CHANGE (write N/C if no change)
JOB TITLE		
DEPARTMENT		
SUPERVISOR		
CLASSIFICATION (faculty, staff, adm, adjunct, temp)		
PAY RANGE (administrators and support staff only)		
SALARY/RATE OF PAY		
HOURS PER WEEK		
MONTHS PER YEAR		
If less than 12-month appointment, start/end dates?		
If less than 12-month appointment, paid over how many months (faculty or administrator only)?		
FTE		
COST CENTER (If more than one, % of each.)		
LOCATION (Bldg)		
ACCOUNT NUMBER		
NEXT PERFORMANCE REVIEW DATE		

B. LEAVE OF ABSENCE / RETURN FROM LEAVE

Date Leave Begins _____ Expected Date of Return _____ Actual Date of Return _____
 Reason for Leave _____
 Paid Time Used: Sick Leave _____ Hrs Vacation _____ Hrs **HR Use Only:** Unpaid Hours _____
 Doctor's Note Required for Leave: Yes No **HR Use Only:** Date R'cvd _____ FMLA/OFLA/WC
 Doctor's Note Required for Return to Work: Yes No **HR Use Only:** Date R'cvd _____

C. TERMINATION OF EMPLOYMENT: (If voluntary, please attach resignation letter.)

Reason: Voluntary Discharged Lay-off Retired Deceased Other _____
 Last Day Worked _____ **Final Paycheck:** Pick up in HR Mail **HR Use Only:** Unused Vacation Hrs to be Paid _____

D. OTHER/COMMENTS (Attach additional page if more space is needed.) _____

APPROVAL SIGNATURES REQUIRED (in order listed): PLEASE DATE YOUR SIGNATURE.

1. Supervisor _____ Date: _____
2. 2nd Level Supervisor _____ Date: _____
3. Supervising VP/Provost _____ Date: _____
4. Director of HR _____ Date: _____
5. VP of Finance _____ Date: _____

HR Use Only: _____ Director _____ Payroll _____ Employee Database _____ Eval Database _____ Benefits _____ Vacation/Sick Leave
 Copies: Human Resources • Supervisor • 2nd Level Supervisor • Supervising Vice President