

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 changes to information listed in section A and include reasons in comments*)
- B. **Termination of Employment** (*Complete Current Information Column of Section A as well.*)

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 NAME		
SUPERVISOR		
CLASSIFICATION (faculty, staff, etc)		
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?		
FTE (all) AND LOAD HOURS (fac only)		
ACCOUNT NUMBER		
DEPT ID (If more than one, % of each.)		
FUND CODE		
PROGRAM CODE		
OPERATING UNIT		

COMMENTS _____

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

Reason: Voluntary Discharged Pos'n Eliminated Retired Deceased Other _____

Last Day Worked _____ **Final Paycheck:** Pick up in HR Mail

HR Use Only: Unused Vacation Hrs to be Paid _____

APPROVAL SIGNATURES REQUIRED (in order listed)

PLEASE DATE YOUR SIGNATURE.

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

HR Use Only: _____ Empl Database _____ Position Updated _____ Benefits _____