

George Fox University Personnel Change Form

Employee Name (*print*) _____ ID _____ Effective Date _____

CHANGE REQUESTED

Promotion Termination Additional Assignment Leave of Absence Funding Distribution
 Requested Start Date: Estimated Start Date:
 Requested End Date: Estimated Return Date:

For Changes, both current information and requested change 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 Position Eliminated Retired Deceased Last Day Worked

Final Paycheck: Pick up in HR Mail

Does this position have direct reports? If yes, who should the direct reports report to in the interim?

Please list all direct reports:

Will this position be filled? Yes No Is this position changing? Yes No If this position will be changing, please contact Employee Empowerment for further instruction.

APPROVAL SIGNATURES REQUIRED (in order listed)

- | | |
|--|-------|
| 1. Supervisor | Date: |
| 2. 2 nd Level Supervisor | Date: |
| 3. Supervising VP/Provost | Date: |
| 4. Budget Approval(Finance, Dir of University Budgets) | Date: |
| 5. Employee Empowerment (Dir of Compensation and Operations) | Date: |