

Employee Data Change Form

Internal Transfer / Status Change

IMPORTANT: To ensure the full functionality of these forms, please save and open them using Adobe Reader, and not your web browser.

To be completed by manager		Form Completed By:	
Employee Information			
First Name:	Last Name:	Employee #:	Position #:
Effective Date (MM/DD/YYYY):	End Date (MM/DD/YYYY):	Reason for Change:	
Position Title:		Payroll Costing Coordinator:	
Comments:			
Complete this section only if employee is changing position number			
Bargaining Unit:	Employment Type:	Full/ Part Time:	Work Schedule (i.e.: M-F):
Position Title:		Pay Scale Group/Level:	Annual Salary or Hourly Rate:
Additional Comments:		Guaranteed Hours of Work Per Week:	EE Entitled to Benefits? Yes No
			EE Entitled to Sick Leave? Yes No
Approvals:			
Direct Supervisor:	Next Level Supervisor/Manager:		Human Resources (EDC):

Attach signed offer letter if applicable