

ID#:	First Name:	MI:	Last Name:
Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Perm. Res.	Start Date:	End Date (if applicable):	
Department Name:		Effective Date of Change:	

ACTIONS

Note: New Hire requires attached I-9 and W-4

Check all that apply:					
<input type="checkbox"/> New Hire	<input type="checkbox"/> Full Time	<input type="checkbox"/> Adjunct	<input type="checkbox"/> Title Change	<input type="checkbox"/> Supplement	
<input type="checkbox"/> Rehire	<input type="checkbox"/> Part Time	<input type="checkbox"/> College Roll / GSA	<input type="checkbox"/> Rate / Hrs Change	<input type="checkbox"/> Job End Date	
<input type="checkbox"/> Promotion	<input type="checkbox"/> Temporary	<input type="checkbox"/> Work-Study	<input type="checkbox"/> Labor Change	<input type="checkbox"/> Separation	

EMPLOYEE INFORMATION

E-Class:	Position #:	Suffix #:	Position Title:		
Salary: \$	-or-	Hourly Rate: \$	Web Time Entry:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hrs/Pay:	Hrs/Day:		FTE:	# Pay Factors:	
Home Org:	Pay Check Dist Org:		Time Entry Org:		

BUDGET

Index:	Fund:	Org:	Acct:	Prog:	%:
Index:	Fund:	Org:	Acct:	Prog:	%:
Index:	Fund:	Org:	Acct:	Prog:	%:

SEPARATION

Note: Submit Checkout Form to Human Resources

Separation Effective Date:		Last Day Worked:			
Grant Funded: <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate Reason for Separation				
Position Hire Date:	Voluntary: Please attach resignation or retirement notice		Involuntary: Please provide appropriate documentation		
Vacation Pay Out (<i>HR use only</i>)	<input type="checkbox"/> Resignation	<input type="checkbox"/> Performance	<input type="checkbox"/> Job Eliminated		
Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Retirement	<input type="checkbox"/> Job Abandonment	<input type="checkbox"/> Other: _____		

COMMENTS

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Initiator _____ **Date** _____ **Ext** _____ *Necessary for all actions*

Department Head _____ **Date** _____ **Ext** _____ *As Required*

Dean _____ **Date** _____ **Ext** _____ *As Required*

Vice/Assoc/Asst Provost _____ **Date** _____ **Ext** _____ *As Required*

Sponsored Programs _____ **Date** _____ **Ext** _____ *Only IF Grant Funded*

Student Employment _____ **Date** _____ **Ext** _____ *Only IF Student Employee*

Int'l Student Services _____ **Date** _____ **Ext** _____ *Only IF International*

Provost _____ **Date** _____ **Ext** _____ *ALL Academia except Student Employees*

Budget Office _____ **Date** _____ **Ext** _____ *All except Student Employees*

Please obtain all required signatures PRIOR to submitting to Human Resources.