

ID # \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 Citizen:  Yes  No  Permanent Resident 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:

- New Hire  Full Time  Adjunct  Title Change  Supplement  
 Rehire  Part Time  College Roll/GSA  Rate/Hours Change  End Job Date  
 Promotion  Temporary  Work-Study  Labor Change  Separation

**EMPLOYEE INFORMATION**

E-Class \_\_\_\_\_ Position # \_\_\_\_\_ Suffix # \_\_\_\_\_ Position Title \_\_\_\_\_  
 Salary: \$ \_\_\_\_\_ -or- Hourly Rate: \$ \_\_\_\_\_ Web Time Entry:  Yes  No  
 Hours/Pay \_\_\_\_\_ Hours/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:  Yes  No Indicate Reason for Separation \_\_\_\_\_  
 Position Hire Date \_\_\_\_\_ **Voluntary** (Please attach resignation or retirement notice) **Involuntary** (Please attach appropriate documentation)  
 Vacation Pay Out (HR use only):  Resignation  Retirement  Performance  Job Abandonment  Job Elimination  
 Eligible:  Yes  No  Other \_\_\_\_\_

**COMMENTS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURES**

Initiator \_\_\_\_\_ Date \_\_\_\_\_ Ext \_\_\_\_\_  
*Necessary for all actions*  
 Department Head \_\_\_\_\_ Date \_\_\_\_\_ Ext \_\_\_\_\_  
*As required*  
 Dean \_\_\_\_\_ Date \_\_\_\_\_ Ext \_\_\_\_\_  
*As required*  
 Vice President \_\_\_\_\_ Date \_\_\_\_\_ Ext \_\_\_\_\_  
*As required*  
 Sponsored Programs \_\_\_\_\_ Date \_\_\_\_\_ Ext \_\_\_\_\_  
*Only if grant funded*  
 Student Employment \_\_\_\_\_ Date \_\_\_\_\_ Ext \_\_\_\_\_  
*Only if student employee*  
 International Student Services \_\_\_\_\_ Date \_\_\_\_\_ Ext \_\_\_\_\_  
*Only if international*  
 Executive Vice President \_\_\_\_\_ 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.**