

Position Change Form

Promotion/Demotion/Transfer

Name: _____
Position Title: _____
Department: _____
Position Number: _____
I.D. # _____

Effective Date: ____ / ____ / ____
Replacing: _____
Building: _____
Campus Phone: _____
Campus Box: _____

Select Action Reason

- 1. **Transfer:**
 - Lateral -No Pay Rate Change
 - Lateral - W/Pay Rate Change
- 2. **Promotion:**
 - No Pay Rate Change
 - Career Progression - W/Pay Rate change
- 3. **Demotion**
 - Voluntary Demotion - No Pay Rate Change
 - Voluntary Demotion - W/Pay Rate change
- 4. **HR Use** _____

Select One from each of the following sections:

- Regular
- Temporary assignment
(Ending Date ____ / ____ / ____)
- Full-Time
- Part-Time
- Administrator
 - () 10 month position
 - () 11 month position
 - () 12 month position
- Support Staff
 - Reduced summer hours

Standard Hours (wk/yr): _____wk/ _____yr

Supervisor: _____

Account #: _____ Fund#: _____ Dept.#: _____ Program #: _____ Project/Grant #: _____
5 digits 5 digits 5 digits 2 digits 7 digits

** No agency accounts may be used here (9xxxx Series Funds) *Complete only if different than original number string*

Name of (GL) #: _____

New Salary Data

Support Staff:

Hourly Rate: \$ _____

Administrator:

() On-Going (Annual Rate) \$ _____

() Temporary (Total Appointment) \$ _____

Start Date _____ End Date _____

Pays _____ Amount per pay \$ _____

Signatures:

Originator _____ / ____ / ____

Supervisor _____ / ____ / ____

HR/PAYROLL USE ONLY

Co-Director ____ / ____ / ____ Co-Director ____ / ____ / ____ Payroll ____ / ____ / ____ Assistant Director ____ / ____ / ____ Sr. Office Assistant ____ / ____ / ____