

UA Rich Mountain Personnel Change Form

Employee Name _____

Effective Date _____

* Copy of legal document required
 ** Requires approval of CFO or President
 *** **Requires signed copy of new job description**
 If Status is termination, you must include Termination code from list on back of form.

HR _____
 Payroll _____

CHANGE

From

To

* Name _____

* Marital Status _____
 (Single/Married)

** Pay Rate _____

** Status (FT/PT _____
 Term)

** Classification _____
 (Professional/Faculty/Classified/Adjunct//Extra help)

*** Position (Title) _____

Site/Department _____

Phone _____

Address _____

Other (Specify) _____

Last Day Worked _____

Comments: _____

_____/_____
Employee Signature Date

_____/_____
Human Resource Signature Date