

Employee Name		Date	
Job Title			
Instructions: Please check the appropriate change:	box(s) and fill	l in applicable fields, including se	lecting the reason for
New Position Pay	HOURS/CLA		ERMINATION
Reason:	1	Effective Date:	
Job Title:			
Supervisor:			
HR/FISCAL ONLY: Grant #:	_ Dept #:	Location #:	
HOURS/CLASSIFICATION			
Employment Type: Regular (20+ hou	urs/week) 🗌 (	Casual (15- hours/week) 🔲 Ter	nporary
FY or PY Status: Full Year	-		
Hours per week:		Effective Date:	
PAY (HR or Fiscal only)			
		Other	
From: \$ To: \$			
Retro Date: (if ap			
BENEFITS (HR or Fiscal only)			_
Effective Date:	Vac	ation: 🗌 Union 🗌 Non-Un	ion Executive
Personal Time: 12 10.5 9	7.5 6	Other	
	].10	To calculate: 1.5* hours pe	r Day
Benefit Deduction Change:  Full Year	Part Year	r Term Benefits	
TERMINATION			
Reason: 🗌 Voluntary 🗌 Involunta	iry Ex	planation:	
Last Date Worked:	•	ible for Rehire: 🗌 Yes 🗌 No	)
Benefit Payout: YES – FULL (Worked Entire Notice, no absences =Full. Worked less that	YES – H		e = None)
COMMENTS:			
APPROVED BY:			
Direct Supervisor Date		Department Director	Date
Human Resources Date		Executive Director/Management	Date
Date Date		Executive Director signatur	
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