

## PERSONNEL CHANGE FORM

This form is used to effect any status, title or salary changes for current Washington College employees.

**Complete all applicable sections and send a copy to Human Resources by fax to 778-7254, email (llodge2@washcoll.edu), or campus mail.**

EMPLOYEE PROFILE			
Employee Name		Washington College ID #	
Today's Date		Date Effective	

STATUS/TITLE/SALARY CHANGES				
Action	Old Information		New Information	
<input type="checkbox"/> Transfer	Dept:		Dept:	
<input type="checkbox"/> Promotion	Title/Dept:		Title/Dept:	
<input type="checkbox"/> Demotion	Title/Dept:		Title/Dept:	
<input type="checkbox"/> Title Change	Title/Pos Code		Title/Pos Code	
<input type="checkbox"/> Rate Change	<input type="checkbox"/> Salary \$ _____	<input type="checkbox"/> Hourly \$ _____	<input type="checkbox"/> Salary \$ _____	<input type="checkbox"/> Hourly \$ _____
<input type="checkbox"/> Status Change	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
<input type="checkbox"/> Termination	Reason for Termination:			
<input type="checkbox"/> Other	Describe:			
FUNDING SOURCE NUMBER: (X-XXXX-XXXXX)				
* 61010 FACULTY SALARY	* 61025 REGULAR HOURLY SALARY		* 61045 ATHLETIC RECRUITING	
* 61015 STIPEND	* 61028 TEMPORARY HOURLY SALARY		* 61050 REGULARY SALARY (EXEMPT)	

AUTHORIZATION			
First Line Supervisor or Manager		Date	
Authorizing Official (Dept Head or Director)		Date	
Budget Director/VP Finance & Admin		Date	
Human Resources Rep		Date	