

Employee Name _____ **Employee ID** _____ **Action Effective Date** _____

 Complete applicable section in its entirety and route for approval. ***Incomplete forms will be returned resulting in processing delay.***
Section A – New Hire/Rehire

Position Number: _____ Job Title: _____

Direct Manager: _____ Time Approver: _____

Pay Rate: Hourly/Non-exempt _____ Salaried/Exempt _____ Per Credit Hour (PT Faculty) _____

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Full-Time (40 hours a week) | <input type="checkbox"/> Regular | <input type="checkbox"/> Faculty Fiscal (12 month) |
| <input type="checkbox"/> Part-Time- if so, indicate standard hours per week _____ | <input type="checkbox"/> Temporary | <input type="checkbox"/> Faculty Academic (10 month) |

Benefits Eligible: Full Benefits Package Partially Benefitted Not Eligible

 Is employee currently employed by another USG Institution? Yes No If yes, will they continue this employment?* Yes No

* Continued employment at another Institution will require a Dual Appointment Agreement, which requires pre-approval

 Is the employee a retiree with any of the following systems? ** TRS ERS USG's ORP N/A

**If so, certain employment restrictions could apply

Section B – Regular Job Data Update (Complete All Applicable Fields)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Pay Rate Change* | <input type="checkbox"/> Position Change | <input type="checkbox"/> Promotion/Tenure | <input type="checkbox"/> Reclassification |
|---|--|---|---|

***Note: for Permanent Changes only; for Temporary Supplemental Pay Complete Section C**

Specific Reason for the Change (for example, equity adjustment): _____

New Position Number: _____ Current Job Title: _____ New Job Title: _____

New Manager (if applicable): _____ New Time Approver (if applicable): _____

New Pay Rate: Hourly/Non-exempt _____ Salaried/Exempt _____ Per Credit Hour (PT Faculty) _____

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Full-Time (40 hours a week) | <input type="checkbox"/> Regular | <input type="checkbox"/> Faculty Fiscal (12 month) |
| <input type="checkbox"/> Part-Time- if so, indicate standard hours per week _____ | <input type="checkbox"/> Temporary | <input type="checkbox"/> Faculty Academic (10 month) |

Benefits Eligible: Full Benefits Package Partially Benefitted Not Eligible

Other Changes/Comments: _____

Section C – Temporary Supplemental Pay (i.e. Additional Pay per Semester or Academic Year)

 Funding Distribution: 100% from Home Department listed above Split Funding or Other Funding (detail below)

Funding Comments: _____

Amount: _____ Pay Schedule (for example, pay over 5 months: _____)

Specific Reason for Supplemental Pay (required): _____

 Is this included in their contract/contract addendum? Yes No

Section D – Terminations

Last day worked: _____

All terminations require a reason code. Please select one from the options below:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Resignation (please attach letter) | <input type="checkbox"/> Retire (please attach letter) | <input type="checkbox"/> Job Abandonment | <input type="checkbox"/> Violation of Work Rules |
| <input type="checkbox"/> Probationary Period | <input type="checkbox"/> Gross Misconduct | <input type="checkbox"/> Failure to Return from Leave | <input type="checkbox"/> Unsatisfactory Performance |
| <input type="checkbox"/> Faculty Not Reappointed | <input type="checkbox"/> End of Temporary Employment | <input type="checkbox"/> Other: _____ | |

Comments: _____

Section E – Approvals

	Print Name	Signature	Date
Department Head/Budget Manager			
Cabinet Member			
Vice President for Business Affairs	Michelle B. Ham		
Director of Human Resources	Carmen James		
President	Dr. Greg Tanner		

HR USE ONLY- Entered By _____ Date Entered _____

Revised April 2020