

EMPLOYMENT CHANGE FORM
UNIVERSITY CORPORATION, SAN FRANCISCO STATE

Preparation Date

Effective Date of Change

PROJECT NO.	EMPLOYEE NAME:	Last	First	Middle
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CURRENT SFSU EMPLOYEE: YES ___ NO ___ IF YES, REQUIRES VICE-PRESIDENT / SFSU HR APPROVAL (see below)

PAYROLL CHANGES

	CURRENT STATUS	PROJECTED STATUS
PROJECT / FUND ACCOUNT (Same Grant, New Budget Year)		
JOB TITLE		
G/L CODE		
BURDEN RATE CLASS		
BASE RATE ** (See mandatory requirements below)		
BASIS FOR INCREASE (see requirements below)	Increase in Minimum Wage: ____	Performance Based: ____
		Promotion: ____
		Other: _____
% OF FULL TIME-SALARIED EMPLOYEES		
DATES OF EMPLOYMENT		
JOB ADDRESS LOCATION CHANGE		
BENEFITED STATUS (by UCorp)		

**** REQUIREMENTS FOR DOCUMENTING SALARY INCREASES**

- For performance-based increases, please attach the employee's most recent performance review or a memo describing the justification for the increase
- For promotions, please attach the employee's current and proposed position description
- For any other salary increase (except for minimum wage increases,) please provide a memorandum describing the proposed modification in pay.

 VICE-PRESIDENT APPROVAL (SALARY CHANGE)

 SFSU HR APPROVAL (SFSU EMPLOYEE)

 EMPLOYEE SIGNATURE

 PROJECT DIRECTOR APPROVAL

DATE RECEIVED	EXEC. DIRECTOR	ADMIN / FINANCE	PROJ COOR	HUMAN RESOURCES
	By: _____	By: _____	By: _____	By: _____
	Date: _____	Date: _____	Date: _____	Date: _____