

EMPLOYMENT CHANGE FORM
UNIVERSITY CORPORATION, SAN FRANCISCO STATE

Preparation Date

Effective Date of Change

PROJECT NO.	EMPLOYEE NAME:	Last	First	Middle
-------------	----------------	------	-------	--------

SFSU EMPLOYEE: YES ___ NO ___ IF YES, REQUIRES VICE-PRESIDENT / SFSU HR APPROVAL (see below)

PAYROLL CHANGES

	CURRENT STATUS	PROJECTED STATUS
PROJECT (Same Grant, New Budget Year)		
JOB TITLE		
G/L CODE		
BURDEN RATE CLASS		
BASE RATE ** (See requirements below)		
% OF FULL TIME- SALARIED EMPLOYEES		
ADDITIONAL HOURS- HOURLY EMPLOYEES		
DATES OF EMPLOYMENT		
JOB ADDRESS LOCATION CHANGE		
BENEFITED STATUS		

**** SALARY INCREASE REQUIREMENTS:** ATTACH (1) PERFORMANCE REVIEW; **OR**, (2) NEW JOB DESCRIPTION **AND A MEMORANDUM EXPLAINING CIRCUMSTANCES.** *Missing items will delay allocation of increase.*

VICE-PRESIDENT APPROVAL (SFSU EMPLOYEE)

SFSU HR APPROVAL (SFSU EMPLOYEE)

EMPLOYEE SIGNATURE
(FOR CHANGE OF PAY, % OF TIME, DATES OF EMPLOYMENT)

PROJECT DIRECTOR APPROVAL

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