

ON-CAMPUS INFORMATION CHANGE FORM

Human Resources

Completing this form will change your employee information in the payroll system and subsequently any reports, directories, rosters, and mailing lists/labels distributed throughout campus.

This form must be signed and dated by you and your Director/Dean or it will NOT be processed.

Name: _____

Tech ID: _____

REQUESTED DATA CHANGES

Individual Record Changes <i>Please complete ONLY the items that are to be changed and the effective date.</i>	
<i>If your position is split between 2 departments, list the 2nd department information on line #2.</i>	
Department:	<p>a. _____ b. _____</p> <p><i>Enter the primary department to which you are assigned.</i></p>
Actual Office Location:	<p>a. _____ b. _____</p> <p><small>(Building & Room) (Building & Room)</small></p> <p><i>This may be different from your mail code and should include the building and room number of your actual office. (This data is Recorded for safety purposes)</i></p>
Mail Code:	<p>a. _____ b. _____</p> <p><small>(Building & Room) (Building & Room)</small></p> <p><i>This is where your mail will be sent and may be different than your actual office location.</i></p>
Office Phone:	<p>a. _____ b. _____</p> <p><i>This phone number will appear in publications such as the directory. If you are not listing your personal office phone number, please notify your department's secretary.</i></p>
Working Title: <small>(Not Classification)</small>	<p>NOT CLASSIFICATION</p> <p><i>This is different from your classification and is assigned by your director or dean. It should reflect your actual job for example: Secretary, Faculty, Coach, Director etc. (This title should not include rank)</i></p>
Supervisor/Dean:	<p>_____</p> <p><i>Please Include their first and last name. For faculty, your supervisor is your Dean.</i></p>

Group Supervisor Changes	
<i>If a change in supervision is occurring, include the name of the former supervisor, the NEW supervisor of record and list all individuals this person supervises. (For faculty the Dean is considered the supervisor of record.)</i>	
Former Supervisor	_____
New Supervisor	_____
Supervised Employees: <i>(Please send a copy of this document to each employee listed below.)</i>	
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Effective Date

Employee's Signature (if applicable) Date

Director/Dean's Signature Date