



# Change of Employment Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Social Security or ID # \_\_\_\_\_ Supervisor \_\_\_\_\_

**Additional Position:**

Position/Job Title \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_

Dept/Acct to be charged \_\_\_\_\_ Effective Date \_\_\_\_\_

**Change of Employment:**

Effective Date of Change \_\_\_\_\_

Change of Salary or Hourly Rate from \_\_\_\_\_ to \_\_\_\_\_  
(All salary/hourly rate changes must be approved by Human Resources)

Change of Department from \_\_\_\_\_ to \_\_\_\_\_

Change of Job Title from \_\_\_\_\_ to \_\_\_\_\_

Change in Exempt Status?  Yes  No (Must verify with Human Resources)

Change in work hours?  Yes  No Annual hours \_\_\_\_\_, days \_\_\_\_\_/year

Change in contract months?  Yes  No Default hours \_\_\_\_\_ FTE \_\_\_\_\_

Change in Benefits?  Yes  No New contract length \_\_\_\_\_

- Medical Insurance Eligible employee
- Retirement Eligible employee
- Life/Disability Eligible employee
- Vacation Eligible employee
- Sick Leave Eligible employee
- Comp time Eligible non-exempt employee

**Comments; i.e., Reason for Change**

\_\_\_\_\_

\_\_\_\_\_  
Supervisor/Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

NOTE: The employment relationship with the College of Southern Idaho is based on the mutual consent of the employee and the employer and can be terminated at will any time. Rev: 7/2017

**This page to be completed by the supervisor.**