



Change of Employment Form

Name _____ Date _____

CSI ID # _____ Supervisor name: _____ CSI ID # _____

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.