



New Hire / Change Notice

Name _____ Date _____

CSI ID # _____ Direct supervisor (please print clearly) _____

Position/Job Title _____ Average hours to be worked/week _____

Months per year _____ Days per year _____ Hours per year _____ Default hours _____ FTE _____

Position is:

New	Additional job	Replaces:	_____
Change	Temporary	Full-time	Exempt
	Grant-funded	Part-time	Non-exempt

Work Location: Building _____ Room _____ Phone # _____

Contract Dates _____ to _____ Rate of pay: Hourly \$ _____
(If applicable)

Monthly/misc. rate \$ _____

Effective/start date _____ Annual salary \$ _____

Dept. name _____ Payroll dept. # _____ Acct. # _____

Change of department from _____ to _____

Change of job title from _____ to _____

Change in exempt status? Yes No Notes _____

Change in work hours? Yes No Notes _____

Change in contract months? Yes No Notes _____

Change in benefits? Yes No Notes _____

Comments; i.e., Reason for Change

Supervisor's Signature

Date

Adminstrator's 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: 4/2018

This page to be completed by the supervisor.