

MARYMOUNT MANHATTAN COLLEGE
EMPLOYEE STATUS CHANGE FORM

HR/Payroll Use Only

ADP File # _____

Time & Attendance Y / N

Use for all Full Time, Part Time and Adjunct Employee status changes

* Reason for change is required

PA Form - Employee Change (Revised 10/2014)

1. Employee Information

Employee's Name _____

2. Change Requested Check all that apply:

☐ Department ☐ Job Title ☐ Salary/Rate ☐ Benefit ☐ Termination ☐ Other _____

Effective Date ____/____/____ End Date: ____/____/____ If a termination: ☐ Voluntary ☐ Involuntary

Reason for change * _____

Current Dept. _____ Current Budget Code _____ - _____ - _____
Fund Object Code Dept. #

New Dept. _____ New Budget Code _____ - _____ - _____
Fund Object Code Dept. #

Current title _____ New title _____

Current salary/rate \$ _____ New salary/rate \$ _____

Approves Timesheet (if app.) _____ Reports To _____

3. Department Approvals

Mgr./Director/Chair/Dean _____ Date ____/____/____
(Print & Sign Name)

Area Vice President (if app.) _____ Date ____/____/____
(Print & Sign Name)

President (if app.) _____ Date ____/____/____

4. Financial Aid Approval

Total Hours (per fiscal year) _____ Total FWS Award: \$ _____ FWS Eligibility: Yes ☐ No ☐

Financial Aid Approval _____ Date ____/____/____
(Print & Sign Name)

5. Budget Approval

Funds Available Yes ☐ No ☐ \$ _____ Obj. Code _____ Dept. _____
Amount Available

Current Position # _____ Bus. Unit _____ New Position # _____

Budget Approval _____ Date ____/____/____
(Print & Sign Name)

6. Human Resources Approval

Union _____
HR USE ONLY

Director _____ Date ____/____/____
(Print & Sign Name)