### Employment Change Request

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#### Department Name __________________________ Cost Center ______

#### Position Title: __________________________ Job Code ______

#### Proposed Start Date _______________ Ending Date (If applicable) _____________

#### Funding Source __________________________ Acct. Number ______

**Appointment Type:**  
- Faculty____  
- Staff _____  
  - Regular Full-time _____  
  - Regular Part-time (under 30 hours)_____  
  - Temporary 40 hours _____  
  - Temporary Part-time _____  
  - Hours per week _____  
  - Other, Please describe __________________________

#### Justification for Change

New Position (Provide brief justification) __________________________________________

__________________________ Salary Range________________________

Replacement (Who) ___________________ Salary Range __________________

Change (Reclassification, New Title, and/or Salary Increase)_________________

__________________________ New Job Code________________________

Who________________________ Justification________________________

Current Salary ___________________ Suggested Salary _____________

#### Request to Make Change:

- VP/Cabinet Member __________________________ Date _____________
- Human Resources __________________________ Date _____________
- VP/CFO __________________________ Date _____________

President: Approved _____ Denied _____ Hold _____

President’s Signature __________________________ Date _____________

*Original to Human Resources department*