10/06/2022



FULL TIME REGULAR PART TIME PART TIME

Effective Date		Primary Supervisor		1 . 11 . 1 . 1
		Other Supervisors		nigniigntea
NAME			D	required
(Last)	(First)	(M.I.)		
ADDRESS				
	(#) (Street) (apt) (City		(Zip)	
EMERGENCY CON		PHONE		
NEW POSITION	POSITION TITLE			starting the person at step
RE-HIRE	PAY RATECOMMENTS			d or higher requires a comment
_ ADD COST	POSITION TITLE (FROM SALARY SO			
CENTER	STEP FOR EACH			•
_ ADD JOB CODE	ADDITIONAL COST CENTER_			:
	PRIMARY JOB CODE			:
PAY CHANGE PROMOTION	POSITION TITLE: from			•
TRANSFER DEMOTION	STEP: from	to		_
PT to FULL- TIME	COST CENTER: from	to		_
PT TO REGULAR PART TIME	EXPLANATION:			_
RESIGNATION	REASON			
TERMINATION DECEASED	WOULD YOU REHIRE: YES	NO If no, explain?		
RETIREMENT				i
Employee:	Signature	Date		_
Supervisor:	Signature	Date		_
Division Director:S	Signature	Date		_
If FT/RPT/PERS: Executive Director:_		D.		_
S	Signature	Date		