



STUDENT EMPLOYMENT CHANGE FORM

ALL information on this form is REQUIRED

Last Name: _____ **First Name:** _____

University ID #: _____

- Payroll Change:**
- Re-classification to Job # _____
 - Merit Increase
 - Termination (include job end date and account number)
 - Account Number Change (Not to change to/from co-op job. Use Hire Form)
 - Extend Job End Date (Include # work hours per week for Co-ops)

Effective Date of Change (Refer to Valid Dates Schedule): _____ / _____ / _____
 (Use for wage or account number changes) Day / Mo. / Year

Job End Date (Refer to Valid Dates Schedule for appropriate date): _____ / _____ / _____
 (Use for terminations, to extend job end date, or grant account expiration date) Day / Mo. / Year

Old Wage: \$ _____ **New Wage:** \$ _____

Number of Work Hours/Week: _____ (Co-op students only)

Account Number: _____ . _____ . _____ . _____ . _____ . _____
 (Current number used)

New Account Number: _____ . _____ . _____ . _____ . _____ . _____
 (Use only if account number change is requested)

Authorized Signature: _____ **Date:** _____

Contact (Please Print): _____

Phone #: _____ **E-mail:** _____

Department Name: _____

<p>FOR SEO USE ONLY</p> <p>REGISTRATION STATUS: F _____ W _____ SP _____ SU _____</p> <p>MAILSTOP _____ EMPLOYEE # _____</p> <p>COMMENTS: _____</p> <p>_____</p>
