

RIT STUDENT EMPLOYMENT

Change Form

Please send completed form to seosubmitforms@rit.edu.
Please enter student's name in the subject line.

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 bi-weekly pay schedule): _____/_____/_____
(Use for wage or account number changes) Day / Mo. / Year

Job End Date (Refer to bi-weekly pay 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: _____

FOR SEO USE ONLY

REGISTRATION STATUS: F _____ W _____ SP _____ SU _____

MAILSTOP _____ EMPLOYEE # _____

COMMENTS: _____