

# 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: \_\_\_\_\_