

STAFF INFORMATION

Employee Name

Title

Reports To (name)

Change Amount (%)

New Pay Rate

Effective Date:

Next Review Date:

☐ **Annual Review**

☐ **I have reviewed the handbook and acknowledge receipt**

☐ End of Probation Period

☐ Promotion

☐ Change of Title (**attach job description**)

☐ Department Change: _____

☐ Employment Type: ____ Full-time ____ Part-time ____ Temporary ____ Seasonal

☐ Permission to Mirror: _____

☐ Other (Please specify): _____

SUPERVISOR SIGNATURE

DATE

HUMAN RESOURCE SIGNATURE

DATE

EMPLOYEE SIGNATURE

DATE

NOTE: Human Resource approval is required prior to review with employee. **Please allow 72 hours for processing.

Revised: 5/22/2019

HR: ☐ APS

Department: Should submit IT ticket upon finalized ECF.