



<b>Personal Information</b>		
	Last Name	First Name
	Street Address	Personal Email Address - REQUIRED for Paylocity
	City State	Zip Code Phone Number
<b>Action</b>	<b>Check All that Apply:</b> <input type="checkbox"/> Appointment <input type="checkbox"/> Pay Raise <input type="checkbox"/> Re-appointment <input type="checkbox"/> Transfer to new position <input type="checkbox"/> Promotion <input type="checkbox"/> Status Change in weekly hours From _____ hours To _____ hours	
<b>Assignment</b>		
	Department Name	Position Name <input type="checkbox"/> Faculty <input type="checkbox"/> Adjunct Faculty <input type="checkbox"/> 12mo <input type="checkbox"/> 9mo
	Effective Date (First day)	<input type="checkbox"/> Staff <input type="checkbox"/> Student Tutor (TRIO) <input type="checkbox"/> Work-Study; Group _____ Dept. _____
	Supervisor Name	List student group & dept. e.g. Admissions, Library
<b>Classification</b>	<input type="checkbox"/> Exempt, Salary <input type="checkbox"/> Full Calendar Year <input type="checkbox"/> Non-exempt, Hourly <input type="checkbox"/> Academic Year <input type="checkbox"/> Full Time <input type="checkbox"/> Semester <input type="checkbox"/> Part Time <input type="checkbox"/> Other _____ List weeks/dates for partial semester Adjunct Assignment(s)	
<b>Pay Information</b>	\$ PTO Accrual <input type="checkbox"/> 12 month <input type="checkbox"/> 10 month <input type="checkbox"/> Part-time	
	<input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Per Credit Hour <input type="checkbox"/> Single Payment	
	_____ Total # of Credit Hours Adjunct will be teaching	
	Allocation Account Number(s)	Percentage(s)
<b>Approvals</b>		
	Department Director	President
	Vice President	Human Resources Coordinator
	Employee signature required if this is a pay change for existing employee	

updated 12/2022

Obtain signatures &amp; submit to HR for On-boarding. Student hires require Dept director signature only.