### MOTT COMMUNITY COLLEGE
Employee Change Form

#### SECTION A:

**STATUS:**
- **Current**
  - Full-time
  - Part-time (FTE: ___)
  - Temporary Full-time Faculty
- **NEW**
  - Full-time
  - Part-time (FTE: ___)
  - Temporary Full-time Faculty

**EMP GROUP:**
- **Current**
  - Admin Support
  - Exempt Manager
  - Exempt Professional
  - Faculty
  - Grant/Contract Funded
  - M&O
  - ProTech
  - Public Safety Officers
  - S&M
  - Workforce Development
  - Mott Temporary (See also Section C below)
- **NEW**
  - Admin Support
  - Exempt Manager
  - Exempt Professional
  - Faculty
  - Grant/Contract Funded
  - M&O
  - ProTech
  - Public Safety Officers
  - S&M
  - Workforce Development
  - Mott Temporary (See also Section C below)

**DEPARTMENT:**
- **Current**
- **NEW**

**TITLE:**
- **Current**
- **NEW**

**GRADE & STEP:**
- **Current**
- **NEW**

**ANNUAL SALARY or HOURLY RATE:**
- **Current** $___
- **NEW** $___

#### SECTION B:

Transaction Effective Date: [ ] / [ ] / [ ]

- [ ] Status Change
- [ ] Hours/Schedule Change
- [ ] Salary/Rate Change
- [ ] Employee Group Change
- [ ] Account Number Change
- [ ] Stipend Payment (Completion of fields below REQUIRED)
- [ ] Department Change
- [ ] Paid Leave of Absence
- [ ] Title Change
- [ ] Unpaid Leave of Absence
- [ ] Job Change/Reclassification
- [ ] Return from Leave of Absence
- [ ] Additional Assignment
- [ ] Termination (Specify reason/type in Comments section)

Comments: __________________________________________________________________________

#### SECTION C:
Complete this section if changes are being made to the hours/schedule of an existing temporary on Mott's payroll.

**SCHEDULE:**
- **Current**
  - Hours per week ___
  - Weeks per year ___
  (Required for temp doing ProTech or S&M work)
- **NEW**
  - Hours per week ___
  - Weeks per year ___
  (Required for temp doing ProTech or S&M work)

**ACCOUNT NUMBER(s):**

<table>
<thead>
<tr>
<th>Current</th>
<th>%</th>
<th>%</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW</td>
<td>%</td>
<td>%</td>
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</tbody>
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**APPROVALS:**

- Requesting Supervisor/Manager: ____________________________ Date: __________
- Executive Dean/Dean: ____________________________ Date: __________
- President/Vice President: ____________________________ Date: __________
- Human Resources: ____________________________ Date: __________