

MOTT COMMUNITY COLLEGE

Employee Change Form

NAME _____ DATATEL ID _____

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 _____ ANNUAL SALARY or HOURLY RATE: Current \$ _____
NEW _____ NEW \$ _____

SECTION B:

Transaction Effective Date: / /

- | | | |
|--|--|--|
| <input type="checkbox"/> Status Change | <input type="checkbox"/> Hours/Schedule Change | <input type="checkbox"/> Salary/Rate Change |
| <input type="checkbox"/> Employee Group Change | <input type="checkbox"/> Account Number Change | <input type="checkbox"/> Stipend Payment (Completion of fields below REQUIRED) |
| <input type="checkbox"/> Department Change | <input type="checkbox"/> Paid Leave of Absence | Payment Amount: _____ Hours: _____ |
| <input type="checkbox"/> Title Change | <input type="checkbox"/> Unpaid Leave of Absence | Date(s) Worked: _____ |
| <input type="checkbox"/> Job Change/Reclassification | <input type="checkbox"/> Return from Leave of Absence | Stipend Reason: _____ |
| <input type="checkbox"/> Additional Assignment | <input type="checkbox"/> 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)

COMMENTS: _____

ACCOUNT NUMBER(s):

Current _____ % _____ % _____ %
NEW _____ % _____ % _____ %

APPROVALS:

Requesting Supervisor/Manager: _____ Date: _____

Executive Dean/Dean: _____ Date: _____

President/Vice President: _____ Date: _____

Human Resources: _____ Date: _____