

# Saint Joseph's University-Employee Change Form

## Employment Change Reason (please check all that apply):

- ☐ Promotion (**budget adjustment**, revised org chart and new position description required)\*
- ☐ Off-cycle salary increase (**budget adjustment** and new position description required)\*
- ☐ Job Transfer (**budget adjustment**, revised org chart and new position description required)\*
- ☐ Change of Status: (**budget adjustment** required)\*
- ☐ Full-time to Part-Time \_\_\_\_\_ # hours per week \_\_\_\_\_ # months per year
- ☐ Part-Time to Full Time \_\_\_\_\_ # hours per week \_\_\_\_\_ # months per year
- ☐ Temporary to Regular ☐ 9/10 month FT to 12 month FT ☐ 12 month FT to 9/10 month FT
- ☐ Title Change (No salary adjustment, new position description required)\*
- ☐ Department Chair/Director/Coordinator:
- ☐ Incoming ☐ Outgoing ☐ On leave ☐ Sabbatical ☐ New appointment
- ☐ Manager change (revised org chart required)
- ☐ Secondary job appointment
- ☐ Other

Notes/Comments: \_\_\_\_\_

**\*Requires compensation analysis. Please contact the Assistant Vice President for Human Resources prior to completion.**

### To Be Completed by Department Chair or Manager

Employee's Full Legal Name: \_\_\_\_\_ SJU ID Number: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

#### Current Information

#### New Information (If applicable)

Job Title (No abbreviations): \_\_\_\_\_

Chair or Manager's (Full name): \_\_\_\_\_

Chair or Manager's Title (No abbreviations): \_\_\_\_\_

#### Chair or Department Head:

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### To Be Completed by

#### Dean or Non-Academic Department Head

#### Current Information

#### New Information (If applicable)

Budget Number (Fund-Org-Acct): \_\_\_\_\_

Position Number: \_\_\_\_\_

Annual Salary/Stipend (Exempt): \_\_\_\_\_

Hourly Rate (Non-Exempt): \_\_\_\_\_

#### Dean or Non-Academic Department Head:

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### To Be Completed by Vice President – Non-Academic Departments only

#### Vice President:

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### To Be Completed By Human Resources

#### Current Information

#### New Information (If applicable)

Salary Band (Administration and Staff): \_\_\_\_\_

Benchmark Position \_\_\_\_\_

#### Director, Compensation & HRIS:

Name (Print): Matthew Petitt Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Budgeting & Forecasting Section

#### Assistant Director, Budget Planning:

Name (Print): Jeff Palmer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### To Be Completed By Provost or Senior Vice President

#### Provost or Senior Vice President:

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### To Be Completed By President

#### President:

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Payroll Section

#### Payroll Manager:

Name (Print): Georgina Texeira Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send all completed Change Forms directly to the Assistant Vice President for Human Resources