



Employee Name _____ Date _____

(Last, First, Middle)

SSN XXX-XX-____ DOB _____ Department _____

Job Title _____ Requested Start Date _____

- New Hire
- Transfer
- Promotion
- Change Funding
- Pay Rate Change
- Reclassification

Funding Distribution: 100% from Home Department listed above Split Funding or Other Funding (detail below)

Position Number _____ Funding Comments _____

Proposed Salary \$ _____ Exempt Non-Exempt Benefits Eligible: Yes No

Full-Time (37.5 hours a week) Faculty (9 month) Faculty (12 month) FTE _____ Pay Grade _____

Part-Time- if so, indicate number of months _____ Temporary Regular

If replacing, give name of person being replaced _____

Previously Employed by the State of West Virginia Yes No If yes, where _____

Manager (Responsible for Hiring/Performance Evaluations) _____

Timekeeper (Time Off Requests) _____

Other Changes/Comments* _____

**Please give specific reason for change. For example- pay rate change-equity*

Approvals

This form must be executed and approved for every employee before employee begins work.

	Print Name	Signature	Date
Head of Department			
Provost/VP for Academic Affairs	Dr. Mari Clements		
VP for Business/Finance	Mr. Timothy Henline		
Human Resources	Mrs. Tegan McEntire		
President	Dr. Mark Manchin		

HR USE ONLY: Entered by _____ Date Entered _____

Comments: