



Employee Name \_\_\_\_\_ Date \_\_\_\_\_

(Last, First, Middle)

SSN \_\_\_\_\_ 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      |                     |           |      |
| Area Vice President     |                     |           |      |
| VP for Business/Finance | Mr. Timothy Henline |           |      |
| Human Resources         | Mrs. Tegan McEntire |           |      |
| President               | Dr. Mark Manchin    |           |      |
| Grants Office           | Mrs. Leslie Mason   |           |      |

**HR USE ONLY:** Entered by \_\_\_\_\_ Date Entered \_\_\_\_\_

Comments: