



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)

Current Salary \$ \_\_\_\_\_ Position # \_\_\_\_\_ Funding Comments \_\_\_\_\_

Proposed Salary \$ \_\_\_\_\_  Exemt  Non-Exemt 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			
Interim Co-CFO	Mr. Andrew Metheney		
Human Resources	Mrs. Tegan McEntire		
President	Dr. Mark Manchin		

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

Comments: