



Cabrini University Personnel Action Form Change of Employment Status

Employee Name:		Employee ID:	
Dept. Name:		Job Title:	
Date of Hire	Position Control #	Account:	

VP and department head approval required for any change to hours worked

<p style="text-align: center;">Effective Date of Change</p> <input type="checkbox"/> Change of Hours Scheduled: <input type="checkbox"/> Change in Title Only (<u>must</u> attach new job description) <input type="checkbox"/> Change from FT to PT Status <input type="checkbox"/> Change from PT to Ft Status Hrs/Week: Weeks/Year: Months per year:	<p style="text-align: center;">10 Month Positions:</p> <input type="checkbox"/> Position Ends for Effective: <input type="checkbox"/> Position Returns Effective: Other:
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Salary Adjustments (must discuss with HR prior to completing)

Any changes to salary require prior approval from department head, VP, and Human Resources.*

<input type="checkbox"/> Promotion <input type="checkbox"/> Market Equity Adjustment		<input type="checkbox"/> Transfer <input type="checkbox"/> Temporary Hire	
Effective Date of Change:	Supervisor:	New Salary:	
New Title:		New Salary Band, if Applicable:	
New Position Control #:		New Account:	
Funding Source:		Budget Adjustment Sent On:	
*Department Head Approval (signature):		*VP Approval (signature):	
Comments:			
Form Initiated By:	Phone:	Date	
* Human Resources Approval:		Date	
Controller's Budget Confirmation:		Date:	