College of Design

APPOINTMENT CHANGE FORM

Use this form to indicate changes in employment status for current/active appointments.

Date:	Requested By:	Department:
Employee Name:	Supervisor:	
Employee ID:	Working Title:	
Position #:	Job Code:	

Reason for Employment Change
Select all that apply and provide information and rationale in notes section

- ☐ Extension of employment
- ☐ Suspension of appointment/short work break
- ☐ Return from suspension/short work break
- ☐ Add augmentation
- ☐ Stop augmentation
- ☐ Change in base or hourly salary
- ☐ Change in Pay Group (P9, P12)
- ☐ EFS account # change
- ☐ Leave of absence; type:
  - ☐ With pay
  - ☐ Without pay
- ☐ If changes are/include any of the following, complete and attach "Position Management Request Form"
  - ☐ Standard Hours Change
  - ☐ Reports To Position # Change
  - ☐ Dept ID Change
- ☐ Other change(s):

Effective Date of Employment Change:	End Date (if temporary change):
New Base Salary and/or Hourly Rate:	New EFS# (Fund/Dept ID/Program or Project): New Combo Code Needed: ☐YES ☐NO

Notes:

APPROVALS:	
Hiring Authority/Delegate/Designee Signature:	Date:
CDes HR Approval:	Date:
**Required for all pay rate and percent time changes and leave of absences in administration, departments and R&O centers.*	
CDes Finance Approval:	Date:
**Only required for pay rate and percent time changes in administration and R&O centers.*	
SUBMIT COMPLETED/APPROVED FORM TO CDES HUMAN RESOURCES	
REMINDER: ☐ Attach any letter(s)/additional documentation regarding change request	