

Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone 618.650.2190 | Fax 618.650.2696

EMPLOYEE INFORMATION

Name: _____ Banner ID: _____

Supervisor: _____ Phone: _____

CURRENT STATUS

Appt. Type: Continuing Temp. (not to exceed 3mo.) Extra Help (intermittent work)

Assignment: Full-time Part-time _____ Temp. Assign. Pay: _____

Position Title/Rank	Posn. No.	SM Salary/BW Hourly Rate	Account Title	Org/DDU	Labor Distr. Pct.	AIS Budget Purpose

Overtime Lines:

Position Title/Rank	Posn. No.	SM Salary/BW Hourly Rate	Account Title	Org/DDU	Labor Distr. Pct.	AIS Budget Purpose

CHANGE TO STATUS

Effective: _____ End: _____

Appt. Type: Continuing Temp. (not to exceed 3mo.) Extra Help (intermittent work)

Assignment: Full-time Part-time _____ Temp. Assign. Pay: _____

Position Title/Rank	Posn. No.	SM Salary/BW Hourly Rate	Account Title	Org/DDU	Labor Distr. Pct.	AIS Budget Purpose

Overtime Lines:

Position Title/Rank	Posn. No.	SM Salary/BW Hourly Rate	Account Title	Org/DDU	Labor Distr. Pct.	AIS Budget Purpose

REASON FOR CHANGE

SIGNATURES

Fisc. Offr. Signature & Date

Fisc. Offr. Signature & Date

Dean/Director Signature & Date

Fisc. Offr. Signature & Date

Fisc. Offr. Signature & Date

Dean/Director Signature & Date

Vice Chancellor Signature & Date

Vice Chancellor Signature & Date

Human Resources Officer: _____ Date: _____

SUCSS ID: N _____ CS Appt. Type: _____ CS Occ. Code: _____ Posn. Class Code: _____ Empl. Class. Code: _____

Job Progression: _____ Banner Posn. No. - Empl. Reassign.: _____ Leave Category: _____