

COLGATE UNIVERSITY
Employee Change of Status

CONFIDENTIAL

NEW HIRE: ADDITIONAL: CHANGE: TERMINATION: T/S Org: _____

Please complete appropriate sections and forward for signatures. Return to the Human Resources Department as soon as possible. Retain a copy for your records.

CU ID #: _____ Current Email Address _____

Employee Name: _____

Position Title: _____

Department: _____

Date of Hire/Change: _____ Ending Date: _____

Pay Type: Hourly: Salary: Other: Special Pay:
 Hourly Rate \$ _____ Annual \$ _____ Stipend \$ _____ Complete Schedule Below

Pay Basis: Biweekly (B1 or B2) Monthly Classification Level/Band/: _____

Appointment Status: Regular Temporary Employment Type: Full Time Part Time

Benefits: Yes No Effective Date: _____ (note only if different than actual hire date)

Driving Colgate Vehicle: Yes No

Reason for Hire/Change/Termination: _____

FOAP: _____ Position # _____
 Fund Org Account Program

Department Head/Chair Person _____ Date _____

Department Supervisor/Division Director _____ Date _____

Vice President/Dean _____ Date _____ Human Resources _____ Date _____

Special Pay Schedule: Total Amount \$ _____			Default Earnings: _____		
____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Background check _____ Eclass _____ LCAT: _____ Date to Payroll: _____