

This form is to be completed by the immediate Supervisor or Designee. Please forward all requests for changes to your HR Manager. Effective date must be the first day of the pay period. Refer to your Biweekly Payroll Schedule for dates and Student Salary Schedule for classification information at <u>www.csunas.org</u> to assist in the completion of this form.

Employee Name	
Department	
Effective Date of Action	

Change in Position (Check all that apply)	
Change in Classification	
Merit Increase (one year satisfactory work must be performed)	Date of last MI:
Special Note:	

Information Update:

	Current/From: (ALL fields should be complete)	То:
Department		
Job title		
Hourly Rate	\$	\$
Classification		

Leave of Absence:

Start Date	Estimated Return Date:	Reason (Do not include specific health information here)

Approving Supervisor:

Name (Print)	Signature	Date	Ext.
Human Resource Manager:			
Name (Print)	Signature	Date	Ext.
		California State University	

