

# NDSU CHANGE FORM: 101

(To be completed by Hiring Department)

Employee Name:

Last

First

MI

Suffix

Employee ID:

Action:

*(If action required documentation, please attach.)*

Reason (A-K):

Reason (L-Z):

Remarks:

New work address/phone: (if changing)

Mail Drop

Phone

Position End Date *(if applicable)*:

**From:**

**To:**

Dept ID(#) & Name:

Dept ID(#) & Name:

Position Number(s):

Position Number(s):

Job Family:

Job Family:

Functional Title:

Functional Title:

Supervisor:

Supervisor:

Compensation Rate:

Compensation Rate:

Standard Hours/Week:

% FTE:

Student Employee: No Yes

Work Study:

No

Yes

If this is a Graduate Student, are they receiving a Tuition Waiver?

No

Yes

Kronos Timeclock: No Yes

Eligible to Work in the US? No

Yes

Benefited: No Yes

*(If applicable, please schedule a benefits session.)*

**Please complete this entire section for ALL benefited employees.**

Less than 12 month schedule: No Yes

If less than 12 month schedule:

Term of Employment: 9 month 10 month 11 month Other

Contract Start Date:

Contract End Date:

Eligible for Tenure: No Yes

Rank (if applicable):

Highest Degree Earned:

Year Earned:

The above changes have been made in accordance with University policies.

\_\_\_\_\_  
Department or Unit Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Budget Office

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources/Equity and Diversity

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate School (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President

\_\_\_\_\_  
Date

Employee Name: Last First MI EmplID:

Position Number(s):

**FROM:**

Account Code(s)			Program	Account	Dollar Amount	% Split	Budget
Fund	Dept	Project					

**TO:**

Account Code(s)			Program	Account	Dollar Amount	% Split	Budget
Fund	Dept	Project					

Budget Adjustment		Date
INCREASE	Position #	Account Code Amount
DECREASE	Position #	Account Code Amount

OTHER EARNINGS:	Overload	Summer Salary	Summer School		
	Distance Continuing Education		Other		
Department Name:					
Description of Work:					
Justification:					
Account Code(s)			Dollar Amount	% Split	Budget
Fund	Dept	Project	Program	Account	
Beginning Date:			Ending Date:		

Additional Comments:

Completed by: Phone #/Email:

