

 New Hire Transfer Assignment Change Code Change 							
School or Department			Social Security #				
Name of Employee		Employee	e ID#				
Address		Date of B	irth				
City State Zip		Hours per Day Hours per Week FTE			FTE		
Phone Email		Number of Contract Days of					
True Time Approver(s)			Hire / Effective Date				
Time Off Approver		Retired From Utah State Retirement System					
POSITION Check position listed below and key in specific job title Secretary Assistant Custodial Maintenance Nutrition Transportation	Salary Sci		Base Salary	Stipend	I I	Fotal Contract	
Other Replacement Additional FTE Awarded (Additional should be marked only if additional FTE is approved and granted.)	Hourly Rate			Semi- Monthly Salary			
If a replacement, complete the following: Name of replaced employee: Resigned Assignment Change/Transfer If change/transfer what is new position of replaced employee?	Payment t Payment t Remaining	•	pays				
	Charge A	ccount					
Supervisor Approval:	Fund Lo	cation Ye	ear Program	Function	Object	% of FTE	
Principal or Immediate Supervisor Date Program Approval:	- HR	Approva	l:				
Program Administrator Date		Human Resources Administrator Date					

Return to the Department of Human Resources. The Department of Human Resources will return a copy to the school. Please keep records of submitted and returned copies. The returned, signed copy is your proof that this paperwork has been submitted to the Department of Human Resources.