



EMPLOYMENT CONTRACT / SALARY CHANGE FORM

Employee \_\_\_\_\_ School/Division/Dept. \_\_\_\_\_ Union \_\_\_\_\_

EMPLOYEE STATUS CHANGES

HR USE

Date effective: \_\_\_\_\_ Until: \_\_\_\_\_  Indefinite: \_\_\_\_\_
Change from:  Probationary  Cas./On-call  Seasonal/Short-term  Regular  Other \_\_\_\_\_
Change to:  Seasonal/Short-term  Regular  Annualized  Other \_\_\_\_\_

CONTRACT / WORKLOAD CHANGES

Date effective: \_\_\_\_\_ Until: \_\_\_\_\_ Indefinite: \_\_\_\_\_
Reduce current contract by \_\_\_\_\_ % or Increase current contract by \_\_\_\_\_ % NEW TOTAL: \_\_\_\_\_ %
Extend current contract to (date) \_\_\_\_\_ End current contract on (date) \_\_\_\_\_

If employee has more than one contract, indicate which one is being changed:

SALARY CHANGES

Date effective: \_\_\_\_\_ Until: \_\_\_\_\_ Indefinite: \_\_\_\_\_
Change Step or Pay Grade from: \_\_\_\_\_ to \_\_\_\_\_ New rate: \_\_\_\_\_  per hour or  per month
One-time salary adjustment (Amount) \_\_\_\_\_
Reason(s): \_\_\_\_\_

STIPENDS

Date effective: \_\_\_\_\_ Until: \_\_\_\_\_ Indefinite: \_\_\_\_\_
Start or  Renew or  Terminate :  First Aid: Level \_\_\_\_\_ Certificate valid until: \_\_\_\_\_
Start or  Renew or  Terminate :  Lead hand  Chair  Other: \_\_\_\_\_
Reason(s): \_\_\_\_\_

LEAVES

Starting leave on (date) \_\_\_\_\_ Returning from leave on (date) \_\_\_\_\_
 Maternity/Parental  STD  LTD  Paid sick time  Unpaid sick time
 Assisted  Unassisted  Other leave \_\_\_\_\_

Notes: \_\_\_\_\_

END OF EMPLOYMENT

Date effective: \_\_\_\_\_ Reason:  Retirement  Resignation  Termination
Notes: \_\_\_\_\_

NOTES

AUTHORIZATION

School Chair \_\_\_\_\_ Date (m / d / y) \_\_\_\_\_
Dean/Manager \_\_\_\_\_ Date (m / d / y) \_\_\_\_\_
Director, Budget \_\_\_\_\_ Date (m / d / y) \_\_\_\_\_
Human Resources \_\_\_\_\_ Date (m / d / y) \_\_\_\_\_