

CHANGE FORM

CONTRACT / SALARY

Employee _____

School/Division/Dept. _____

Union SCFA
EMPLOYEE STATUS CHANGES

HR Use

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

CONTRACT / WORKLOAD CHANGES

 Date effective: Aug 1 / 18 Until: July 31 / 19 Indefinite: _____
 Reduce current contract by 40 % or Increase current contract by _____ % **NEW TOTAL:** 60 %
 Extend current contract to (date) _____ End current contract on (date) _____

 *If employee has more than one contract, indicate which one is being changed: * Step: _____
 *Rate: _____
 Fill out if needed

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) _____ Comments: _____

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: _____

LEAVES

 Starting leave on (date) Aug 1 / 18 Returning from leave on (date) July 31 / 19
 Maternity/Parental STD LTD Paid sick time Unpaid sick time
 Assisted Unassisted Other leave VNR

 Notes: 1st year request
END OF EMPLOYMENT

 Date effective: _____ Reason: Retirement Resignation Termination
 Notes: _____

BUDGET INFORMATION

Account Code																				
* Account Code																				

FOR HR USE

 BENEFITS Eligible Not Eligible VACATION Accrual or _____ % EMPLOYEE# _____ CONT. LETTER
NOTES

VNR - Year 1 @ 40% (see attached request)
 Workload for Aug 1/18 - July 31/19 - 60%

AUTHORIZATION

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