

CONTRACT/SALARY CHANGE FORM

PLEASE COMPLETE ALL FIELDS AND SUBMIT TO HUMAN RESOURCES (HR@SELKIRK.CA)

Resource ID: HR ONLY	Employee Name:	Employee Group: <input type="checkbox"/> SCFA <input type="checkbox"/> PPWC <input type="checkbox"/> BCGEU <input type="checkbox"/> EXEMPT
-------------------------	----------------	--

School / Division / Department:	Position Title:
---------------------------------	-----------------

EMPLOYEE STATUS CHANGES

CHANGE FROM

Probationary Casual / On-Call Short-Term Non-Regular Other, Please Explain: _____

CHANGE TO

Sessional Short-Term Non-Regular Regular Other, Please Explain: _____

DATE EFFECTIVE

From (MM/DD/YY): _____ To (MM/DD/YY) : _____ Indefinite

CONTRACT / WORKLOAD CHANGES

REDUCE current contract by _____ % or INCREASE current contract by _____ %. NEW TOTAL: _____ %

EXTEND current contract to (MM/DD/YY) _____ or END current contract on (MM/DD/YY) _____

DATE EFFECTIVE

From (MM/DD/YY): _____ To (MM/DD/YY) : _____ Indefinite

SALARY CHANGES

Change Step or Pay Grade from: _____ to _____ NEW RATE: _____ Per Hour Per Day Bi-Weekly Annually

One-time salary adjustment (Amount) : _____

DATE EFFECTIVE

From (MM/DD/YY): _____ To (MM/DD/YY) : _____ Indefinite

COMMENTS

BUDGET INFORMATION

Work Order:

--	--	--	--	--	--	--	--	--	--

 % _____

Work Order:

--	--	--	--	--	--	--	--	--	--

 % _____

Work Order:

--	--	--	--	--	--	--	--	--	--

 % _____

Work Order:

--	--	--	--	--	--	--	--	--	--

 % _____

AUTHORIZATION

Immediate Supervisor / School Chair / Dept Head

Date

Signature

Dean / Director

Date

Signature

Vice President

Date

Signature

Human Resources

Date

Signature