Selkirk College

CHANGE FORM

CONTRACT / SALARY

Employee _____ School/Division/Dept. _____ Union _____

HR Use

Employee Status Changes

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: _____ 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: Step: _____

Rate: _____

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) _____ 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:

Budget Information

Account Code _____ %

Account Code _____ %

For HR Use

Benefits ☐ Eligible ☐ Not Eligible | Vacation ☐ Accrual or _____ % | Employee# _____ Cont. Letter ☐

Notes

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)