

61st Street Service Corporation

PERSONNEL CHANGE FORM

Date Issued: _____

Date Effective: _____

- Bonus
- FAS # Change
- Job Title
- Promotion/**Reclassification of existing position**
- Salary
- Transfer
- Other - Explain Below

Employee Name _____

Department / Division _____

Is this Increase/Request budgeted? Yes No

CURRENT STATUS

Job Title _____ Location _____

Hours _____ Days _____ Annual Salary \$ _____
(For PT & CA Employees / Hourly Rate)

FAS # _____

PROPOSED STATUS/CHANGE

Job Title _____ Location _____

Hours _____ Days _____ Annual Salary \$ _____
(For PT & CA Employees / Hourly Rate)

FAS # _____

Bonus \$ _____

REASON FOR CHANGE _____

Department Administrator _____

(Please Print)

(Signature)

ALL FIELDS MUST BE COMPLETED IN ORDER TO ENSURE TIMELY & ACCURATE PROCESSING.

FOR HUMAN RESOURCES USE ONLY – DO NOT WRITE BELOW THIS LINE

D.O.H. _____

Payroll _____

Appraisals _____

Approval _____