

MARYMOUNT MANHATTAN COLLEGE
STAFF CHANGE FORM

NAME _____ S.S. No. _____

ACTION TAKEN:

LEAVES OF ABSENCE

Pay: From _____ To _____ Title _____ Dept. Code _____

WO/Pay: From _____ To _____ Title _____ Dept. Code _____

Remarks: _____

PROMOTION/CHANGE OF TITLE

Current Title: _____

New Title: _____

New Salary: \$ _____

Eff. Date _____ Term. Date _____

Remarks: _____

TERMINATION

Title: _____

Eff. Date: _____ Term. Code: _____

Last Day of Work: _____

Remarks: _____

SALARY/BENEFIT CHANGE

Title: _____

Current Salary: \$ _____ New Salary: \$ _____

New Deductions: _____ Eff. Date: _____

Remarks: _____

Department Head Signature: _____

DEPARTMENT CHANGE

Current Dept.: _____ Code: _____

New Dept.: _____ Code: _____

Eff. Date: _____

Remarks: _____

Date: _____

TO BUDGET CONTROL/PAYROLL

Personnel Authorization to process the above action.

Authorizing Signature

Date

TO PERSONNEL

The above action has been processed by Payroll.

Authorizing Signature

Date