



## Change Information Form

This form is for use by a Senior Staff member to notify the Human Resources Dept. of any changes regarding a current employee, particularly changes in title or reporting responsibilities.

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Change from: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Effective Date: \_\_\_\_\_

Status: (circle all that apply)

New Employee

Current Employee

Faculty

Administrator

Support Staff

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Signature of Vice President / Dean is required

Return signed form to the Office of Human Resources

HR will send a copy to Institutional Research