

# MILES COLLEGE - PERSONNEL CHANGE NOTICE

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

Exempt   
Non-Exempt

**Employment**

New Hire                       Rehire (date last worked) \_\_\_\_\_  
 Regular                       Part-time                       Faculty (Adjunct)  
 Full-time Temporary                       Other \_\_\_\_\_  
 Temporary

Department \_\_\_\_\_ Position \_\_\_\_\_  
Employee Name \_\_\_\_\_ SS# \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_ E-mail \_\_\_\_\_

Hire Date \_\_\_\_\_ Start Date \_\_\_\_\_ Contract End \_\_\_\_\_  
Education:  B.S /B.A.     M.S /M.A.     Doctorate     Other \_\_\_\_\_  
Rate/Salary \$ \_\_\_\_\_ Bi-Weekly \$ \_\_\_\_\_ Month \$ \_\_\_\_\_ Per Hr. \$ \_\_\_\_\_

**EMPLOYMENT ADJUSTMENT(S)**

Faculty     Adjunct     Staff

**Class Cancellations**

<u>Original Class Load</u>	<u>Adjusted Class Load</u>
# Classes _____	# Classes after Cancellations _____
	As-of-date _____

**Original Pay Rate \$** \_\_\_\_\_ **Adjusted Rate \$** \_\_\_\_\_  
As-of-date \_\_\_\_\_

<i>Pay distribution</i>	<i>Cost Center</i>	<i>% of Time</i>	<i>% of Salary</i>
<u>Department/Grant</u>	<u>Cost Center</u>	<u>Distribution</u>	<u>Distribution</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

**Total Effort    100%**



APPROVALS

<b>Immediate Supervisor</b>	<b>Date</b>	<b>Employee</b>	<b>Date</b>
_____	_____	_____	_____

<b>Department Chair</b>	<b>Dean</b>	<b>President</b>
_____	_____	_____

**Vice President of Finance/Administration**  
\_\_\_\_\_