**Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| TF Employee: |  | Today’s Date: |  |
| TF Campus: |  | Effective Date of Change: |  |
|  |  | Paycheck Date Change will occur: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Is this person a licensed Minister? |  | Minister | Is this person exempt from over-time laws? |  | Exempt |
|  |  | Non-Minister |  |  | Non-Exempt |

**Job Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Job Title / Position: |  | | | |
| Work Status: | Full-Time | Part-Time | | Temporary |
| Pay Rate: | Annual: | | Hourly: | |
| Home Department: |  | | | |
| Budget Account Code(s): |  | | | |

**Reason for Change**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | New Hire Start Date: |  | Merit Increase |  | Leave of Absence (LOA) **– Explain Below** |
|  | Re-Hire Start Date: |  | Bonus |  | Layoff |
|  | Resignation / Separation |  | Add Pay Code / Change Dept. |  | Other **– Explain Below** |
|  | Effective Date: |  |  |  |  |

**Explanation**

|  |
| --- |
|  |
|  |
|  |
|  |

**Approvals**

|  |  |  |  |
| --- | --- | --- | --- |
| Dept. Head Approval: |  | Date: |  |
|  |  |  |  |
| Oversight Approval: |  | Date: |  |
|  |  |  |  |
| Personnel Approval: |  | Date: |  |

***Business Office Use Only***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Compensation** | **Date** | **Action** | **WC**  **Code** | **P/R Entry**  **(One Time)** | **P/R Entry**  **(Permanent)** |
| Paycheck: |  |  |  |  |  |
| Paycheck: |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **N/C** | **Payroll Deductions** | **Distribution**  **(ie. BA-Sec 125 Emp. Health Ins. Premium)** | **Start**  **Date** | **End**  **Date** | **P/R Entry**  **(One Time)** | **P/R Entry**  **(Permanent)** |
|  | Health Plan Premiums (Sec 125) |  |  |  |  |  |
|  | Elective Deferral 403(b) / Roth |  |  |  |  |  |
|  | Employee Garnishments |  |  |  |  |  |
|  | Flexible Benefits Plan |  |  |  |  |  |
|  | Supplemental Ins (after-tax) |  |  |  |  |  |
|  | Dental (pre-tax) |  |  |  |  |  |
|  | Vision (pre-tax) |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Entered By: |  | Date: |  |