

Employment Transaction Report (ETR)

Employment & Employee Changes

5151 State University Drive, GE 314, LA, CA 90032

All changes in employee status must be completed in every case where there is an employee change in job classification, salary rate, job status or termination. **This form must be received by UAS Human Resources PRIOR to the effective date.** If you have any questions regarding this form, please contact Human Resources.

Section I- EMPLOYEE INFORMATION					
Employee ID:		Requisition ID:			
Last Name:		First Name:		Middle Initial:	
Address:		City:		Zip Code:	
Phone Number:		Email:		<input type="checkbox"/> Current UAS Employee <input type="checkbox"/> CSLA Faculty/Staff	
Emergency Contact:		Phone Number:			
<small>All employees are required to meet federally mandated I-9 work eligibility and authorization procedures. All employees therefore must present acceptable work authorization documents in person to Human Resources-UAS no later than their first day of work as a new hire or rehire.</small>					
Section II- EMPLOYMENT ACTION AND CLASSIFICATION					
Effective Date:		Action Type: <input type="checkbox"/> Pay Rate Change <input type="checkbox"/> Salary Range <input type="checkbox"/> New Position <input type="checkbox"/> Position Change From: _____ To: _____ <input type="checkbox"/> New Hire <input type="checkbox"/> Project ID <input type="checkbox"/> Rehire <input type="checkbox"/> Additional Project <input type="checkbox"/> Termination <input type="checkbox"/> Other : _____			
Employee Classification (select only one): <input type="checkbox"/> Full-time (30+ hrs/wk) <input type="checkbox"/> Student (20/hrs wk) <input type="checkbox"/> Part-time (< 29 hrs/wk) <input type="checkbox"/> Prenamed			FLSA: <input type="checkbox"/> Exempt (Salary) <input type="checkbox"/> Non-Exempt (Hourly)		
Section III- JOB INFORMATION					
Rate Change Reason (if app): <input type="checkbox"/> Merit (attach evaluation) <input type="checkbox"/> Promotion (HR must approve) <input type="checkbox"/> Other _____		**Pay Rate: (Salary) <small>** (HR must approve)</small> Annually _____ Bi-weekly _____ Hourly _____		Proposed New Rate (if app) <small>** (Salary)</small> Annually _____ <small>** (HR must approve ALL pay rates)</small> Bi-weekly _____ Hourly: _____	
Job Title: Position Change Reason: <input type="checkbox"/> Promotion-HR approval Req <input type="checkbox"/> Reclassification <input type="checkbox"/> Other (Specify) _____		Work Location: <input type="checkbox"/> On-campus <input type="checkbox"/> Off-campus Location: _____		This position: 1. Works with minors, elderly, or disabled persons Yes <input type="checkbox"/> No <input type="checkbox"/> 2. Has cash handling duties/access to level 1 data Yes <input type="checkbox"/> No <input type="checkbox"/> 3. Will drive on UAS related business Yes <input type="checkbox"/> No <input type="checkbox"/> 4. Works in a lab with access to chemicals Yes <input type="checkbox"/> No <input type="checkbox"/>	
Live Scan Charges Account#:		Interviewer: _____ Ext.: _____		Position Supervisor: _____ Title: _____	
Section IV- DEPARTMENT					
Dept/Project Name:		Director/PI: (please print) _____ Email: _____ Phone: _____			
Budget Period: From: _____ To: _____		Resource Mgr.: (please print) _____ Email: _____ Phone: _____			
Chart of Accounts - Provide the account the position will be charged to					
	Fund	Organization	Account	Project ID	Program
Current Status					
New Status					
Section V- REASON FOR SEPARATION Requires HR Approval:					
Effective Date:		<input type="checkbox"/> Professional Development <input type="checkbox"/> End Temporary Appt. <input type="checkbox"/> Personal Reasons <input type="checkbox"/> Graduated <input type="checkbox"/> Dissatisfaction with Job <input type="checkbox"/> Other: _____		<input type="checkbox"/> Job Abandonment <input type="checkbox"/> Layoff <input type="checkbox"/> Dismissal <input type="checkbox"/> Fail Rtn from Leave <input type="checkbox"/> Never Started Work	
Last Day Worked:		Eligible for Rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Section VI- AUTHORIZATION SIGNATURES Separation					
TRANSACTION IS NOT OFFICIAL WITHOUT ALL REQUIRED SIGNATURES AND FINAL HR APPROVAL					
Employee _____		Date _____		Human Resources _____ Date _____	
Initiating Supervisor _____		Date _____		Executive Director _____ Date _____	
Dean/Director/Resource Manager _____		Date _____		FICA Exempt <input type="checkbox"/> Pay Class _____ WC Code _____ International Student <input type="checkbox"/>	
UAS/ Contracts & Grants _____		Date _____		Class Code _____ Department to retain own copy Rev: 12/24	