



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
Emergency Contact:		Phone Number:	<input type="checkbox"/> CSLA Faculty/Staff

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.**

Section II- EMPLOYMENT ACTION AND CLASSIFICATION

Effective Date:	Action Type:		
	<input type="checkbox"/> New Position	<input type="checkbox"/> Pay Rate Change	<input type="checkbox"/> Salary Range
	<input type="checkbox"/> New Hire	<input type="checkbox"/> Position Change	From: _____ To: _____
	<input type="checkbox"/> Rehire	<input type="checkbox"/> Project ID	
	<input type="checkbox"/> Termination	<input type="checkbox"/> Additional Project	
	<input type="checkbox"/> Other : _____		

Employee Classification (select only one):		FLSA:	
<input type="checkbox"/> Full-time (30+ hrs/wk)	<input type="checkbox"/> Student (20/hrs wk)	<input type="checkbox"/> Exempt (Salary)	<input type="checkbox"/> Non-Exempt (Hourly)
<input type="checkbox"/> Part-time (< 29 hrs/wk)	<input type="checkbox"/> Prenamed		

Section III- JOB INFORMATION

Rate Change Reason (if app):	**Pay Rate: (Salary) <small>** (HR must approve)</small>	% Rate Diff current vs. proposed new rate	Proposed New Rate (if app)	Hours/Week
	Annually _____		Annually _____	
	Bi-weekly _____		Bi-weekly _____	
	Hourly _____		Hourly: _____	
<input type="checkbox"/> Merit (attach evaluation)			<small>** (HR must approve ALL pay rates)</small>	
<input type="checkbox"/> Promotion (HR must approve)				
<input type="checkbox"/> Other _____				

Job Title:		Position Change Reason:		Work Location:		This position:		Yes	No
		<input type="checkbox"/> Promotion-HR approval Req		<input type="checkbox"/> On-campus		1. Works with minors, elderly, or disabled persons		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Reclassification		<input type="checkbox"/> Off-campus		2. Has cash handling duties/access to level 1 data		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Other (Specify)		Location: _____		3. Will drive on UAS related business		<input type="checkbox"/>	<input type="checkbox"/>
						4. Works in a lab with access to chemicals		<input type="checkbox"/>	<input type="checkbox"/>

Live Scan Charges Account#:	Interviewer:	Position Supervisor:
	Ext.:	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

Current Status	Fund	Organization	Account	Project ID	Program
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"/> Job Abandonment	
	<input type="checkbox"/> Personal Reasons		<input type="checkbox"/> Graduated			<input type="checkbox"/> Layoff
	<input type="checkbox"/> Dissatisfaction with Job		<input type="checkbox"/> Other: _____			<input type="checkbox"/> Dismissal
Last Day Worked:					<input type="checkbox"/> Fail Rtn from Leave	
	Eligible for Rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>				<input type="checkbox"/> Never Started Work	

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 _____	Pay Class _____	WC Code _____
UAS/ Contracts & Grants _____	Date _____	Class Code _____	International Student <input type="checkbox"/>
		Department to retain own copy	Rev: 12/24