

Employment Transaction Report (ETR) Employment & Employee Changes

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"/> 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):		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: <small>** (HR must approve)</small>		% Rate Diff <small>current vs. proposed new rate</small>	Proposed New Rate (if app)		Hours/Week
	(Salary)			(Salary)		
	Annually _____			Annually _____		
	Bi-weekly _____			Bi-weekly _____		
Hourly _____		Hourly: _____		<small>** (HR must approve ALL pay rates)</small>		
<input type="checkbox"/> Merit (attach evaluation) <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:		Resource Mgr.: (please print) _____	
From: _____ To: _____		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	
				<input type="checkbox"/> Never Started Work		
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"/>	
UAS/ Contracts & Grants _____	Date _____	Pay Class _____	WC Code _____ International Student <input type="checkbox"/>
		Class Code _____	Department to retain own copy