

Human Resources Section
Date Received: _____
Signature: _____

Date Completed: _____

Payroll Section
Date received: _____
Signature: _____

Date Completed: _____

The Claremont School of Theology Payroll Action Form

*** Contact Human Resources for any Leave of Absence requests**

SECTION 1 – EMPLOYEE iSolved Employee #:

Employee Name:	Effective Date:	Date of hire:
<input type="checkbox"/> Initial Hire	<input type="checkbox"/> Department Transfer	<input type="checkbox"/> Benefit Change
<input type="checkbox"/> Stipend _____	<input type="checkbox"/> Wage/Salary Adjustment	<input type="checkbox"/> Payroll Deduction
<input type="checkbox"/> FTE Status Change	<input type="checkbox"/> Termination	<input type="checkbox"/> Other _____

SECTION 2 – JOB INFORMATION

Current Position Title:	New Position Title:
Current Manager/ Supervisor:	New Manager/ Supervisor:
Current Department:	New Department:

SECTION 3 – EMPLOYMENT STATUS

Current Employment Status - Check one: <input type="radio"/> Full time <input type="radio"/> Adjunct/Contract <input type="radio"/> Part time <input type="radio"/> Federal Work Study	New Employment Status - Check one: <input type="radio"/> Full time <input type="radio"/> Adjunct/Contract <input type="radio"/> Part time <input type="radio"/> Federal Work Study
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SECTION 4 – WAGE / SALARY

Current Wage / Salary:\$	New Wage/Salary/GL#:\$
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SECTION 5 - REASON FOR CHANGE

<input type="radio"/> New Hire/Rehire <input type="radio"/> Wage / salary increase <input type="radio"/> Unpaid Leave (type: _____) <input type="radio"/> FTE Status (Change % _____)	<input type="radio"/> Disability <input type="radio"/> Federal Work Study <input type="radio"/> Department Transfer <input type="radio"/> Termination/Resignation
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BENEFIT CHANGES

<input type="radio"/> Medical <input type="radio"/> Dental <input type="radio"/> MBTA <input type="radio"/> Change in FTE status	<input type="radio"/> LTD, STD (circle one) <input type="radio"/> FSA- medical/ dependent care/ adoption <input type="radio"/> Employee Request <input type="radio"/> Termination/Resignation
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Special Instructions:

SECTION 6 – TERMINATION

Date of actual last day worked:	Date of last day paid to:
PTO hours owed:	Termination Pay, if applicable:
Voluntary or Involuntary:	Date of planned return, if applicable:

SECTION 7 – AUTHORIZATION

Employee Signature:	Date:
Supervisor/ Manager Signature:	Date:
One over One Manager:	Date:

Payroll Change Form Instructions for Completion

1. Employee's Full Name & change selection must be checked
2. Once approved and all signatures are captured, manager will submit to HR.

Employee Category	Sections to be Completed
New Employees	<ul style="list-style-type: none"> • Section 1 – Employee Information • Section 2 – Job Information • Section 3 – Employment Status • Section 4 – Wage/Salary • Section 5 – Reason for Change • Section 7 – Authorization <p>Attachments:</p> <ul style="list-style-type: none"> • Signed Offer Letter • Voided Check • Benefit Enrolment forms
Promotion / Transfer	<ul style="list-style-type: none"> • Section 1 – Employee information • Section 2 – Job Information • Section 4 – Salary Change • Section 5 – Reason for Change • Section 7 – Authorization
Wage / Salary Increase	<ul style="list-style-type: none"> • Section 1 – Employee Information • Section 3 – Salary Change • Section 5 – Reason for Change • Section 7 – Authorization
Termination	<ul style="list-style-type: none"> • Section 1 – Employee Information • Section 5 – Reason for Change • Section 6 – Termination/Leave • Section 7 – Authorization