

Student Name: \_\_\_\_\_

ID#: \_\_\_\_\_

Date: \_\_\_\_\_

Reason for Change	
<input type="checkbox"/> Resignation (attach resignation letter.)  <input type="checkbox"/> Termination * <b>*Department MUST consult with HR PRIOR to termination</b>  <input type="checkbox"/> No Longer Enrolled <input type="checkbox"/> Disciplinary  _____ Last Day Worked	<input type="checkbox"/> Rate Increase <input type="checkbox"/> Change in Hours <input type="checkbox"/> Other: _____  * _____ From (first day change is/was effective) <b>OR</b> _____ Through (last day change is/was effective)  * Note: <u>New</u> hires must be processed through with a Student Employment Authorization form.

Change Request(s)	From	To
<input type="checkbox"/> Kronos Supervisor		
<input type="checkbox"/> Job Title		
<input type="checkbox"/> Job Hours per Week		
<input type="checkbox"/> Wage/Salary Rate	\$	\$
<input type="checkbox"/> Account Number	Acct:        -        - 63010	Acct:        -        - 63010
<input type="checkbox"/> Other ( <i>explain in comments</i> )		
COMMENTS		

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

**HR Section Only**

Terminate:        Position: \_\_\_\_\_        As of: \_\_\_\_\_        Kronos:     Y     N

Changes:    Pay Rate: \_\_\_\_\_    Position: \_\_\_\_\_        Change as of: \_\_\_\_\_

Hours per day: \_\_\_\_\_    Hours per Pay Period: \_\_\_\_\_    Processed Date: \_\_\_\_\_    Processed by: \_\_\_\_\_

Notes: