

MOTT COMMUNITY COLLEGE

Employee Transaction Form

Name JANE DOE Employee ID 0060100

TRANSACTION TYPE

- New Hire Rehire Job Change/Reclassification Title Change Additional Assignment
 Dept/Location Change Account No. Change Salary/Wage Change Other Payment (Explain under Comments)
 Leave of Absence (Paid) Leave of Absence (Unpaid) Termination (Specify Reason Type under Comments)
 Other (Please specify) _____

Effective/Start Date 10 01 06

End Date

Comments _____

CURRENT

- Status: Full-time Temporary Full-time
 Part-time Temporary/On-call/Contingent
 Other _____

- Classification: Exempt Faculty M&O
 ProTech PSO Sec/Clerical
 S&M Non-Union

Division/Department _____

Campus/Location _____

Position Title _____

Position Code (For HR Use) _____

Grade _____ Step _____

Salary, Hourly Rate, or Payment Amount \$ _____

FTE _____

Account Number(s):

- | | | | | | | | | | | | | | | | | | | | | |
|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|
| 1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ % |
| 2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ % |
| 3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ % |
| 4) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ % |
| 5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ % |

Comments _____

NEW

- Status: Full-time Temporary Full-time
 Part-time Temporary/On-call/Contingent
 Other _____

- Classification: Exempt Faculty M&O
 ProTech PSO Sec/Clerical
 S&M Non-Union

Division/Department HEALTH SCIENCES

Campus/Location MAIN CAMPUS

Position Title SUBSTITUTE

Position Code (For HR Use) _____

Grade N/A Step N/A

Salary, Hourly Rate, or Payment Amount \$ 51.85

FTE N/A

Account Number(s):

- | | | | | | |
|----|--------------------------|--------------------------|--------------------------|--------------------------|---------|
| 1) | <u>01</u> | <u>44201</u> | <u>21080</u> | <u>-</u> | _____ % |
| 2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ % |
| 3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ % |
| 4) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ % |
| 5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ % |

FOR PAYROLL USE

Retirement Code Retirement Class Date of one-time payment

Entered by _____ Date _____

Requesting Manager/Supervisor _____ Date _____

Vice President/Executive Dean _____ Date _____

Human Resources _____ Date _____