

MOTT COMMUNITY COLLEGE

Employee Transaction Form

Name JANE DOE Employee ID TBD

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

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="text"/> | <input type="text"/> | <input type="text"/> | _____ % |
| 2) | <input type="text"/> | <input type="text"/> | <input type="text"/> | _____ % |
| 3) | <input type="text"/> | <input type="text"/> | <input type="text"/> | _____ % |
| 4) | <input type="text"/> | <input type="text"/> | <input type="text"/> | _____ % |
| 5) | <input type="text"/> | <input type="text"/> | <input type="text"/> | _____ % |

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 NURSING INSTRUCTOR

Position Code *(For HR Use)* _____

Grade MA+15 Step 3

Salary, Hourly Rate, or Payment Amount \$ 45,195

FTE 1.00

Account Number(s):

- | | | | | |
|----|---------------------------------|------------------------------------|------------------------------------|--------------|
| 1) | <input type="text" value="01"/> | <input type="text" value="44201"/> | <input type="text" value="21030"/> | <u>100</u> % |
| 2) | <input type="text"/> | <input type="text"/> | <input type="text"/> | _____ % |
| 3) | <input type="text"/> | <input type="text"/> | <input type="text"/> | _____ % |
| 4) | <input type="text"/> | <input type="text"/> | <input type="text"/> | _____ % |
| 5) | <input type="text"/> | <input type="text"/> | <input type="text"/> | _____ % |

Comments _____

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 _____