



# Employee Change Form FTE or Transfer

Employee Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Current Position: \_\_\_\_\_ Current Location: \_\_\_\_\_ Current FTE/hours: \_\_\_\_\_

**Effective Date of Changes:** \_\_\_\_\_

Is this an FTE increase or decrease to the **Current Position**?

No Yes New FTE/Hours: \_\_\_\_\_

Is this a **Position Transfer**?

No Yes New Position Title: \_\_\_\_\_ New FTE/Hours: \_\_\_\_\_

New Location: \_\_\_\_\_ Person being replaced: \_\_\_\_\_

Justifications of transfer or change in position:

\_\_\_\_\_

The employee has been notified of this change:            No            Yes

Funding Source: \_\_\_\_\_

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Department Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Approval

\_\_\_\_\_  
Date

**Office Use Only:**

Status Sheet      Board Packet              Tech Dept.              FTE Check