

Date Prepared

Employee Change Form Shaded fields are for HR-use only. Please submit your completed form online at <u>http://hrsc.weill.cornell.edu</u>. If organization change involves more than one reporting change, see page 2

Employee ID Number Employee Name (Last, Fi	rst, Initial)	Work Phone		Bldg Floo	r Room Box #
Employee CWID Current Position #	Current Org. Unit Name / #	Cur. Grade Current Annu	al Salary Current No	on-Exempt Hourly Rat	e Current Temp Hourly Rate
Choose Current Status:					
C Exempt C Fac/Acad C Temp C Non-Exempt C Student					
Begin Date End Date New Position	Title	New Position #	Emp. Group	Emp. Subgroup	Reports To (Name/Title)
FTE BW Hours Grade Annual Salary	Non-Exempt Hourly Rate	Temp Hourly Rate New	v Org. Unit Name / #	New Personnel S	Sub Area # New Fund Center #
Choose New Status:					
C Exempt O Fac/Acad O Temp O Non-Exempt O Student					
A	Oliver a factor	Dete	Г		Reason for Action

Approvals	Signature	Date
Department Administrator		
Department Designee		
Divisional Administrator		
Compensation		
HR Solution Center		

Comments:

If this will result in a staff structure change, see page 2 Promotion Probationary Increase Adjustment to Minimum Annual Increase Organization Structure Update Equity Increase / Market Adjustment Correction to Salary Temporary Assignment Increase End Date of Temporary Assignment Increase Ingrade Increase Intradepartmental Job Transfer (Within Same Department) Change of Hours Sabbatical Unpaid FMLA Leave of Absence Disability Leave Workers Comp Leave Return from Leave	Reason for Action
 Probationary Increase Adjustment to Minimum 	f this will result in a staff structure change, see page 2
Unpaid Personal Leave of Absence Other (Please Specify Below)	 Probationary Increase Adjustment to Minimum Annual Increase Organization Structure Update Equity Increase / Market Adjustment Correction to Salary Temporary Assignment Increase End Date of Temporary Assignment Increase Ingrade Increase Intradepartmental Job Transfer (Within Same Department) Change of Hours Sabbatical Unpaid FMLA Leave of Absence Disability Leave Workers Comp Leave Unpaid Personal Leave of Absence

HRC #

6	Weill Cornell Medicine	
	Human Resources	

Employee Change Form- Page 2 (for multiple org structure employee changes) Shaded fields are for HR-use only. Please submit your completed form online at <u>http://hrsc.weill.cornell.edu</u>.

Effective Date		
Current Org Unit		
Current Manager:	Name:	Position #:
То:		
Org Unit #:		
Parent Org Unit #:		
Manager:	Name:	Position #:

Employees Moving:

Name	Position #	Employee ID	CWID