

Employment Transaction Report (ETR)
Employment & Employee Changes

All changes in employee status must be completed in every case where there is an employee change in job classification, salary rate, job status or termination. **This form must be received by UAS Human Resources PRIOR to the effective date.** If you have any questions regarding this form, please contact Human Resources.

Section I- EMPLOYEE INFORMATION		
Employee ID:	Requisition ID:	
Last Name:	First Name:	Middle Initial:
Address:	City:	Zip Code:
Phone Number:	Email:	<input type="checkbox"/> Current UAS Employee
Emergency Contact:	Phone Number:	<input type="checkbox"/> CSLA Faculty/Staff

All employees are required to meet federally mandated I-9 work eligibility and authorization procedures. All employees therefore must present acceptable work authorization documents in person to Human Resources-UAS **no later than their first day of work as a new hire or rehire.**

Section II- EMPLOYMENT ACTION AND CLASSIFICATION		
Effective Date:	Action Type:	
	<input type="checkbox"/> Pay Rate Change <input type="checkbox"/> New Position <input type="checkbox"/> New Hire <input type="checkbox"/> Rehire <input type="checkbox"/> Termination	<input type="checkbox"/> Position Change <input type="checkbox"/> Project ID <input type="checkbox"/> Additional Project <input type="checkbox"/> Replacement <input type="checkbox"/> Time Base Change <input type="checkbox"/> Transfer <input type="checkbox"/> Salary Range From: _____ To: _____

Employee Classification (select only one):	FLSA:
<input type="checkbox"/> Full-time (30+ hrs/wk) <input type="checkbox"/> Part-time (< 29 hrs/wk) <input type="checkbox"/> Temporary	<input type="checkbox"/> Student (20/hrs wk) <input type="checkbox"/> Internship <input type="checkbox"/> Prenamed
<input type="checkbox"/> Exempt (Salary)	<input type="checkbox"/> Non-Exempt (Hourly)

Section III- JOB INFORMATION				
Rate Change Reason (if app):	**Pay Rate: <small>** (HR must approve)</small>	% Rate Diff <small>current vs. proposed new rate</small>	**Proposed New Rate (if app)	Hours/Week
<input type="checkbox"/> Merit (attach evaluation) <input type="checkbox"/> Promotion <small>(HR must approve)</small> <input type="checkbox"/> Other _____	Bi-weekly _____ (Salary) Hourly: _____		Bi-weekly _____ (Salary) <small>** (HR must approve ALL pay rates)</small> Hourly: _____	

Job Title:		Position Change Reason:		Work Location:		This position:		Yes	No
<input type="checkbox"/> Promotion-HR approval Req <input type="checkbox"/> Reclassification <input type="checkbox"/> Other (Specify) _____		<input type="checkbox"/> On-campus <input type="checkbox"/> Off-campus Location: _____		1. Works with minors, elderly, or disabled persons 2. Has cash handling duties/access to level 1 data 3. Will drive on UAS related business 4. Works in a lab with access to chemicals				<input type="checkbox"/>	<input type="checkbox"/>

Live Scan Charges Account#:	Interviewer:	Position Supervisor:
	Ext.:	Title:

Section IV- DEPARTMENT	
Dept/Project Name:	Director/PI: (please print) _____
	Email: _____ Phone: _____
Budget Period:	Resource Mgr.: (please print) _____
From: _____ To: _____	Email: _____ Phone: _____

Chart of Accounts - Provide the account the position will be charged to					
Current Status	Fund	Organization	Account	Project ID	Program
New Status					

Section V- REASON FOR SEPARATION		
Effective Date:	<input type="checkbox"/> Professional Development <input type="checkbox"/> Better Job <input type="checkbox"/> Better Pay <input type="checkbox"/> Personal Reasons	<input type="checkbox"/> Dissatisfaction with Job <input type="checkbox"/> End Temporary Appt. <input type="checkbox"/> Graduated Other: _____
	Eligible for Rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Requires HR Approval: <input type="checkbox"/> Job Abandonment <input type="checkbox"/> Layoff <input type="checkbox"/> Dismissal <input type="checkbox"/> Fail Rtn from Leave <input type="checkbox"/> Separation	

Section VI- AUTHORIZATION SIGNATURES			
TRANSACTION IS NOT OFFICIAL WITHOUT ALL REQUIRED SIGNATURES AND FINAL HR APPROVAL			
Employee _____	Date _____	Human Resources _____	Date _____
Initiating Supervisor _____	Date _____	Executive Director _____	Date _____
Dean/Director/Resource Manager _____	Date _____	Pay Class _____	WC Code _____
UAS/ Contracts & Grants _____	Date _____	Class Code _____	International Student <input type="checkbox"/>
		Department to retain own copy	FICA Exempt <input type="checkbox"/>
			Rev: 4/19