HR Use Only:

PCN # \_\_\_\_\_\_\_\_\_\_\_\_\_

**Classified Employee**

**Work Hour/Cost Center Change Form**

(For: AFSCME, MAPE, MMA, MNA, Commissioners Plan, Managerial Plan Employees)

* **Work Hour Change**
* **Cost Center Change**

**Current Employee Info:**

**Employee Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employees Current Hours Per Week During Academic Year:** \_\_\_\_\_\_\_\_\_\_\_

**Employees Current Hours Per Week During Summer:** \_\_\_\_\_\_\_\_\_\_\_

**Proposed Changes:**

**Proposed Hours Per Week During Academic Year:** \_\_\_\_\_\_\_\_\_\_\_\_

**Proposed Hours Per Week During Summer:** \_\_\_\_\_\_\_\_\_\_\_\_

Please select one and provide appropriate information

* **Temporary Hour Increase:**

 Proposed Start Date: \_\_\_\_\_\_\_\_\_\_

 Proposed End Date: \_\_\_\_\_\_\_\_\_\_

* **Permanent Hour Increase:**

 Proposed Start Date: \_\_\_\_\_\_\_\_\_\_

**Current Funding Source: Proposed Funding Source:**

Cost Center #:\_\_\_\_\_\_\_\_\_\_ %:\_\_\_\_\_ Salary:\_\_\_\_\_ Cost Center #:\_\_\_\_\_\_\_\_\_\_ %:\_\_\_\_\_ Salary:\_\_\_\_\_

Cost Center #:\_\_\_\_\_\_\_\_\_\_ %:\_\_\_\_\_ Salary:\_\_\_\_\_ Cost Center #:\_\_\_\_\_\_\_\_\_\_ %:\_\_\_\_\_ Salary:\_\_\_\_\_

Cost Center #:\_\_\_\_\_\_\_\_\_\_ %:\_\_\_\_\_ Salary:\_\_\_\_\_ Cost Center #:\_\_\_\_\_\_\_\_\_\_ %:\_\_\_\_\_ Salary:\_\_\_\_\_

**Employee Insurance Benefits: (Check One)**

* Employee Receives Full Employer Contribution for Benefits
* Employee Receives Partial Employer Contribution for Benefits

**Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approvals:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Date Dean/Director Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Budget Director Date Vice President Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Human Resources (designee) Date

**Please Note: Upon budget approval employee will be notified by HR of start date for proposed hours**

**\*\*\*Employee should not begin new work hours until they have been notified by HR\*\*\***