

## **Changes to Existing Position**

Date:	
Your Name:	
What do you need to do:	Phone:
•	End Date:
	End Date:
	End Date:
☐ Change student type:	
o Student Emplo	oyment
<ul> <li>Work Study</li> </ul>	
☐ Change Salary index (Labor Distribu	ution-requires additional forms):
<ul> <li>Salary has alrea</li> </ul>	eady hit (PHARED)
<ul> <li>Future change</li> </ul>	· (EPAF)
Employee Name:	
Banner ID#:	
Current End Date:	
Effective date (new start date):	
Effective End date:	
Current funding source:	Index #:
Position Salary: FTE:	
Benefits amount:	
	):
Total Budget:	
Signature of person requesting Ext	tension Date:

## **Psychology Department Contacts:**

HR

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