

Student Employee Job Data Change Form

This form is to be completed by the Supervisor, Department Chair or Designee. Complete the written documentation and authorization of the requested transaction below. Forward all requests for student assistant transactions to the appropriate Financial Manager for authorization. Retention of this form should be determined by the Financial Manager. Forward all requests for Work-Study students to the Work-Study Office. If data input assistance is needed, forward all requests to Payroll/HR Systems, University Hall, Room 165 or Mail Code 8229, **FIVE DAYS PRIOR** to student time entry into **PEOPLESOFT**. Questions regarding this form may be directed to solarhr@csun.edu.

I. STUDENT INFORMATION: Employee Name: _____ CSUN ID: _____
 Current Department ID: _____ Current Job Code: _____ Student Assistant Work-Study Student

II. JOB CHANGE INFORMATION: Effective Date: _____

Reason for Change:

New Department From: _____ To: _____
 New Job Code From: _____ To: _____
 Class Level * From: _____ To: _____

For Work-Study Only: Previous Job ID: _____ New Job ID: _____

Hourly Rate: From: \$ _____ To: \$ _____

Separate from Department: Department ID: _____

Pay Changes: (Check one reason for change)

Change in Class (*Current Job Re-classified*) Promotion (*New Job in Higher Class*)

Merit Increase (*List six qualifying months of satisfactory performance*):

_____ Exceptional Performance Increase (*Must Include Justification*)

Special Notes:

III. APPROVALS:

1. **STUDENT ASSISTANTS:** This form must be approved by the appropriate **FINANCIAL MANAGER** prior to student time entry into **PEOPLESOFT**.
2. **WORK-STUDY:** *(Note: only required for class level change) This form, a Job Request form and a new Work-Study Authorization must be on file or received by the Work-Study Office **TEN DAYS PRIOR** to student time entry into **PEOPLESOFT**.

Supervisor/Department Chair: _____ Print Name: _____ Date: _____

Director/Dean/MAR: _____ Print Name: _____ Date: _____

Work-Study Program Manager: _____ Print Name: _____ Date: _____

Process Date: _____ Initials: _____