

University of Central Oklahoma

STUDENT EMPLOYMENT CHANGE FORM

Student Name: _____
 Student Banner ID #: _____
 Department & ORG #: _____
 Current Rate of Pay: _____ FWS Regular RA TA
 Requested Effective Date of Change: _____

HUMAN RESOURCES DEPARTMENT USE ONLY

International Student? YES NO

Hours Enrolled: _____

Semester: _____

Human Resources Dept. Staff: _____

SELECT AND COMPLETE ALL CHANGES THAT APPLY:

- Org Change:** _____ to _____
(current org) (new org)
- Pay Rate Change:** _____ to _____
(current rate) (new rate)
- Switch FWS to Regular:** _____ to _____
(current org #) (new org #)
- Switch Regular to FWS:** _____ to _____
(current org #) (new org #)
- Change in # of Hours per Week Student Will Work:** _____ to _____
(current # of hrs/wk) (new # of hrs/wk)
- Continuation of Student Employment:** Continue into Summer Semester Continue into Academic Year (Fall/Spring)
(REMEMBER TO ALSO SELECT CHANGE IN # OF HOURS IF THERE IS ANY CHANGE IN THE # OF HOURS THE STUDENT WILL BE WORKING)
- Termination of Student Employment:** Reason for Termination (select all that apply):
- | | |
|---|--|
| <input type="checkbox"/> Abandonment of job | <input type="checkbox"/> Not in student status |
| <input type="checkbox"/> Attendance problem | <input type="checkbox"/> Resigned |
| <input type="checkbox"/> Accepted position outside University | <input type="checkbox"/> Tardiness problem |
| <input type="checkbox"/> Does not follow instructions | <input type="checkbox"/> Unable to perform job duties |
| <input type="checkbox"/> Graduated | <input type="checkbox"/> Unable to work due to medical reasons |
| <input type="checkbox"/> Other (Please Specify): _____ | |

Payroll Use Only

Position #: _____

Initials: _____

Date: _____

04 05 20 TT _____

Additional Comments Regarding Changes: _____

Name of Student's Supervisor:	Supervisor's Banner ID #:	Supervisor's Position #:
Name of Student's Timekeeper:	Timekeeper's Banner ID #:	Timekeeper's Position #:
Name of Person Completing this Form/Contact Person:	Ext.:	Box:

Signature of Director/Chairperson _____ Date: _____

Please Keep In Mind:
 All new hires are to be processed through iCIMS.
 Changes to Supervisor/Timekeeper/Director/Org Manager are to be processed using the Web Timecard Routing Change Form

Submit completed form to Human Resources Front Office: HR@uco.edu / ADM 204 / BOX 171