



OAKWOOD UNIVERSITY



PERSONNEL CHANGE FORM

Employee's Name _____ ID# _____

Current Position _____ Department _____

INSTRUCTION: Select the change and provide the necessary information on the lines below.

CHANGE IN PAY OR CLASSIFICATION

- Pay Exempt (*FLSA form attached*)
- Status ____ Full-time ____ Part-time Non Exempt (*FLSA form attached*)
- Position Other _____
- Hours

NEW INFORMATION: _____

Account # _____

EFFECTIVE DATE FOR CHANGE: _____ End Date _____

Requested By _____ Date: _____

Department Head

APPROVED:

Releasing Department _____ Date: _____

New Department _____ Date: _____

APPROVED BY:

Administrative Officer _____ Date: _____

VP for Financial Affairs _____ Date: _____

Director of Human Resources _____ Date: _____

President _____ Date: _____