



Human Resources Employee Data Change Form

Shaded area for Human Resources office use ONLY:

Earnings Code:	Processed By:	Data Entry Date:
To ensure accuracy, please complete this form ONLINE		
Prepared By:	Phone:	Date:
Deadlines for completed original to Human Resources: Monthly Employees – AS SOON AS POSSIBLE, but no later than the 10th of the month, Biweekly & Student Employees - AS SOON AS POSSIBLE.		

Effective Date: _____ Faculty Salaried Hourly Graduate Assistant

Personal Data (Changes to Personal Data must be done on the Individual Data Sheet)				
Last Name (LEGAL NAME)	Suffix	First Name (LEGAL NAME)	M.I.	MaineStreet Employee ID #

Action Reason (*Indicates that Additional Forms must be attached)			
Job Data Change <input type="checkbox"/> Hours worked per week <input type="checkbox"/> Work Year Schedule <input type="checkbox"/> Partial/Phased Retire* <input type="checkbox"/> NEW Appointment <input type="checkbox"/> Reappointment <input type="checkbox"/> Supervisor Change <input type="checkbox"/> Other:	Pay Change <input type="checkbox"/> Promotion (Faculty Only) <input type="checkbox"/> Demotion <input type="checkbox"/> Equity <input type="checkbox"/> Earnings Distribution <input type="checkbox"/> Other:	Leave of Absence <input type="checkbox"/> Sabbatical* <input type="checkbox"/> Full pay for half year <input type="checkbox"/> Half pay for 1 year <input type="checkbox"/> Unpaid Leave* <input type="checkbox"/> Prof Development <input type="checkbox"/> Personal <input type="checkbox"/> Unpaid Family Medical Leave* Start Date _____ End Date _____	Separation <input type="checkbox"/> Discharge <input type="checkbox"/> End of Fixed Length Appointment <input type="checkbox"/> End of Temporary Appointment <input type="checkbox"/> Funding Cessation <input type="checkbox"/> Layoff <input type="checkbox"/> Non Re-appointment <input type="checkbox"/> Resignation* (please provide resignation letter) <input type="checkbox"/> Retirement Last Date Worked _____

Position Data Change (enter only those fields that should change)					
Department P-	Supervisor Name or ID #	Union Code	Supervisor Level (of Employee)	<input type="checkbox"/> Full-time(40 hrs/wk) <input type="checkbox"/> Regular	<input type="checkbox"/> Part-time _____ Hours/week
Months in Work Year	Normal Work Year	Planned Exit Date	Next Review Date (HR use ONLY)		
Annual Salary \$	Comp Rate <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly \$	Title			
Campus Address					Campus Phone #

Earnings Distribution										
Start Date	End Date	Chartfield Combination							HR Accounting ID (10 digits)	Distribution Percent
		Department	Fund Code	Account Code	Class Code	Program Code	Project Code	Operating Unit		
										%
										%
										%
										%
(Please add more distribution lines on reverse side, if needed.)										Total
Other Changes										
Change From						Change To				

If acting in more than 1 role noted below, please sign primary role (and clearly type or print your name) and initial other lines.

Forms missing required signatures (or initials as noted) WILL BE RETURNED FOR CORRECTION

Initiating Office Date please type name

Div / Unit Financial Manager (if Action has Financial Impact) Date please type name

Dean / Director Date please type name

Return to: **Payroll Department - 128 School Street - Gorham Campus**