

225 Bowen-Thompson Student Union
 Tel: 419-372-2865 Fax: 419-372-0357
 stuemp@bgsu.edu

Hourly Change Form

Current Student Information:

Name: _____

First

Middle

Last

ID:

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 *

Empl Record:

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Department Name: _____ Job Title: _____

Department	Payroll Speedtype	Program Code	Project ID –Grant	Payroll Speedtype

*From Time & Labor

Section A: Merit/ Longevity

Effective Date: _____
 (beginning of pay period)

Merit Raise Amount: \$ _____ Longevity Amount: \$ _____

Section B: Reclassification

Job Title: _____ Effective Date: _____

Hire Code:

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 (beginning of pay period)

Reclassification/Job Code:

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 New Base Rate: \$ _____

Section C: Budget Change:

Effective Date: _____ (beginning of pay period)

New Budget Info only

Effective Grant End Date: _____

Department	Payroll Speedtype	Program Code	Project ID –Grant	Payroll Speedtype

Section D: Dept. Transfer:

Effective Date: _____
 (beginning of pay period)

Department

Work Location:

Main Campus Firelands Other: _____

Approved by:

 Signature

 Name (please print or type)

 Phone

 Email

 Date