

318 Math Sciences Building
 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

Effective Date: _____
 (beginning of pay period)

Reclassification/Job Code:

| | | | | | |
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| S | | | | | |
|---|--|--|--|--|--|

New Base Rate: \$ _____

Section C: Budget Change:

Effective Date: _____
 (beginning of pay period)

New Budget Info only

| 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 College

Other

Approved by:

 Signature

 Name (please print or type)

 Phone

 Email

 Date