

## MHU Employee Change Form

Name		Exempt or Non Exempt	Employee Number	
Effective Date	Department Name		Budget Number	
**This Line For HR Use Only**	Position Code		Slot Number	
1. RATE  CHANGE		Probationary		
		Merit		
		Promotion	Old Rate	New Rate
		Annual Review		
		Other		
2. TRANSFER  OR  PROMOTION		Employee Request	Department From	Department To
		Transfer By University		
		New Position	Title From	Title To
		Other		
		Medical	Leave From	Leave To
3. LEAVE OF  ABSENCE		With Full Pay		
		With Part Pay	<b>DOCTOR'S STATEMENT REQUESTED</b>	
		Without Pay	<b>FOR SICK LEAVE</b>	
4. REMARKS				
5. APPROVALS	Requested By		Date	
	Division Dean / Senior Director		Date	
	Provost (Only Required for Academic Positions and Direct Reporting Staff)		Date	
	President (Administrative Positions)		Date	
	Controller/VP for Finance & Administration		Date	