**CALIFORNIA STATE UNIVERSITY, FRESNO AUXILIARY CORPORATIONS**

**TRANSACTION FORM**

Association  Foundation  Ag Foundation  P.F.C.  ASI

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| **NEW HIRE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Name: | | | | | | | | | | | | | | | | Social Security Number: | | | | | | | | Date of Hire: | | |
| Cost Center: | | | Object: | | | | | Subsidiary: | | | | Department: | | | | | | | | | Phone Extension: | | | | | |
| Job Title: | | | | | | | | | | | | Supervisor: | | | | | | | | | MS #: | | | | Check Route: | |
| Monthly  Hourly | Pay Rate: | | | | | | | | | | | | | 100% Time OR  \_\_\_\_\_\_% Time | | | | | | | Exempt  Non-Exempt | | | | | |
| Does this position have supervisory responsibilities?  Yes  No | | | | | | | | | Is driving a requirement for this position?  Yes  No | | | | | | | | Confidential data access?  Yes  No | | | | | | | | | |
| **BENEFITS ELIGIBILITY** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Please check all that apply to employee) | | | | | | Medical  Dental  Vision | | | | | | | Life  Supp Life (Assoc. only)  Vacation | | | | | | Sick Leave  Holiday Pay  401k \_\_\_\_\_\_\_\_\_\_\_% | | | | | | | |
| **CHANGE TO CURRENT STATUS** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Promotion  Reclassification | | | | | New Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Increase/Decrease of Hours from: \_\_\_\_\_\_\_\_hours/wk to: \_\_\_\_\_\_\_ hours/wk | | | | | | | | | | | | | | | | | | | | Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **COST CENTER CHANGE** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Old Cost Center: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | New Cost Center: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **PAY INCREASE** \*Please provide justification | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Merit  Incentive | | Current Pay Rate: $\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | New Pay Rate: $\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **JUSTIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **APPROVALS** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Signature: | | | | | | | | | | | | Title | | | | | | | | | | | Date | | | |
| Supervisor/Project Director | | | | | | | | | | | | | | | | | | | | | | | Date | | | |
| Dean | | | | | | | | | | | | | | | | | | | | | | Date | | | | |
| Provost/Vice President **(New Hires and Salary Increases Only)** | | | | | | | | | | | | | | | | | | | | | | Date | | | | |
| Post Award Analyst | | | | | | | | | | | | | | | | | | | | | | Date | | | | |
| Human Resources Director | | | | | | | | | | | | | | | | | | | | | | Date | | | | |
| HUMAN RESOURCES/PAYROLL USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HR Entry: | | | | Date: | | | | | | Benefits Entry: | | | | | Date | | | Payroll Entry: | | | | | | | | Date |