**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 |