CALIFORNIA STATE UNIVERSITY, FRESNO AUXILIARY CORPORATIONS TRANSACTION FORM

Ag Foundation

Foundation

P.F.C.

ASI

Association

NEW HIRE INFORMATION										
Employee Name:				Aux ID#:				Date of Hire:		
Cost Center:		Object:	Subsidiary:	Department: P			Phone E	Phone Extension:		
Job Title:				Supervisor:			MS #:		Check Route:	
Monthly Pay Rate: Hourly				I = I =			_	xempt on-Exempt		
Does this position have supervisory responsibilities? Yes No Service No Servi										
BENEFITS ELIGIBILITY										
(Please check all that apply to employee)								_%		
CHANGE TO CURRENT STATUS										
☐ Promotion ☐ Reclassification New Position: Effective Date							e Date:	Pate:		
☐ Increase/Decrease of Hours from:hours/wk to: hours/wk								Date:		
COST CENTER CHANGE										
Old Cost Center: New Cost Center: Effective Date								e:		
PAY INCREASE *Please provide justification										
☐ Merit☐ Incentive	I Current Pay Rate: S				New Pay Rate: \$ Effective			Date:		
JUSTIFICATION										
APPROVALS										
Employee Signature: Title								Date		
Supervisor/Project Director								Date		
Dean/AVP								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 Entr	ry:	Date	Payroll Entry:	l Entry: Date		Date	