

**ST. CLOUD STATE UNIVERSITY**  
**Unclassified Change Form**

Department/Center \_\_\_\_\_  
 Campus Address (Building/Room) \_\_\_\_\_

This form must be used to make any changes in the initial appointment of an unclassified employee or to process any additional appointments or salary adjustments.

Name: \_\_\_\_\_ SCSU Tech ID: \_\_\_\_\_

**Additional Appointment:**

Type of Additional Pay:				Amt.	Account No.
Overload	No. of Credits	_____		_____	_____
Honorarium				_____	_____
Extra Duty Days	No. of Days	_____	Dates	_____	_____
Sub Pay	No. of Days	_____	Dates	_____	_____

Assignment: \_\_\_\_\_

**Current Appointment Change:**

	From	To	
Appointment Salary	\$	\$	<b>Effective Date</b>
Percent of Time			

Reason for Change \_\_\_\_\_

**Termination:** Complete this section for persons resigning prior to the end of their appointment or for those tenured/probationary employees who retire or resign at the end of their appointment.

Reason (check one)  
 \_\_\_\_\_ Retirement Last working day \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ Resignation

**Approvals:**

- |   |   |
|---|---|
| 1. _____<br>Dept. / Program Chairperson Date  | 4. _____<br>Office of Sponsored Programs Date<br><i>(For Grant Accounts only)</i> |
| 2. _____<br>College Dean Date   | 5. _____<br>Vice President / President Date                                       |
| 3. _____<br>Continuing Studies Dean <i>(For courses offered through Continuing Studies only)</i> Date | 6. _____<br>Human Resources Date  |

**Human Resources / Payroll Use Only:**

_____ Begin	_____ End	_____ S4 position	_____ S4 Rcd. #	_____ FY	_____ Assign Type
EARN TYPE	AMOUNT	LOCAL ACCT.	PAY PERIODS:		AMOUNT:
_____	_____	_____	_____/_____/_____ _____/_____/_____		_____
_____	_____	_____	_____/_____/_____ _____/_____/_____		_____
_____	_____	_____	_____/_____/_____ _____/_____/_____		_____