



WHITMAN COLLEGE

POSITION CHANGE FORM

Legal name (First, MI, Last) _____ **Start date** _____

New position title _____ **Previous position title** _____

What is the employee's current department? _____

Please note that if the employee is transferring to a new department, Human Resources will remind the current supervisor to end K drive, Google drive and systems access for the employee's current department upon their late date of employment with that department).

New department (if applicable) _____

Are you the employee's current supervisor? Yes No

If you are not the employee's current supervisor, please indicate that you have discussed a transition plan with the employee's current supervisor. If you have not yet done so, please indicate by when you will do so.

GL number _____ **Pay rate** _____

FLSA (check one)

Pay class (check one)

Exempt

Salary

Professional nonexempt

Hourly

Nonexempt

FTE _____ **Hrs/yr** _____ **Mos/Yr** 12 mos 10 mos 9 mos **Hrs/wk** _____

Post-offer physical required Yes No

Reason for change _____

Supervisor name _____

Supervisor Signature _____ **Date** _____