

Instructions: This form is to be completed digitally or typed (not handwritten) and all fields should be completed before submission. Incomplete forms missing information or the student signature will not be accepted/processed. Completed forms should be emailed to <a href="mailto:studentemploy@csuohio.edu">studentemploy@csuohio.edu</a>.

I. CURRENT DATA:		
Last Name:	First Name:	CSU ID:
Effective / Start Date:	(All forms <u>MU</u>	ST BE submitted two weeks prior to the effective date)
Department:	Department ID (PeopleSoft:	
Supervisor Name:	Supervisor CSU ID:	
	anges, Pay Rate Changes, a period. Please consult the <u>U</u>	nd Promotions should be effective at the start of the pay Iniversity Payroll Calendar.
•	☐ Promotion ☐ Ac of Supervisor ☐ New Job Tit dent terminated for reasons	djustment.
Hourly Rate \$		
Position Title:		
PeopleSoft Combination Code:		Distribution Split:
Additional PeopleSoft Combination Code:		Distribution Split:
·		·
Supervisor / myTime Approver's Name:		Emp ID#
Supervisor's E-mail:		PeopleSoft Position #
Department Designee Name (Print):		Emp ID#
Department Designee Signature:		Date:
Student's Signature(Requ	iired for Hourly rate change	Datees and Terminations)
	Student Employn	nent Use Only:
	Student Employn	lent use only:
Processor's Initials:	Date:	Record #